

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 764693

FILED  
May 10, 2006  
Secretary of State

**Entity Name:** WAT BUDDHARANGSI OF MIAMI, INC., THAI BUDDHIST TEMPLE IN SOUTH FLORIDA

**Current Principal Place of Business:**

15200 S.W. 240 ST.  
MIAMI, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

15200 S.W. 240 ST.  
MIAMI, FL 33032

**New Mailing Address:**

**FEI Number:** 59-2252614      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SURACHESTH, PHRAMAHA  
15200 S.W. 240 ST.  
MIAMI, FL 33032    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PHRAMAHA SURACHESTH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BOONNOM, PHRAMAHA S  
Address: 15200 SW 240 ST  
City-St-Zip: MIAMI, FL 33032

Title: VD      ( ) Delete  
Name: PHRAPORNJAK, KATAEPO  
Address: 15200 SW 240 STREET  
City-St-Zip: MIAMI, FL 33032

Title: SD      ( ) Delete  
Name: MOOLSIKI, KHANYA  
Address: 12112 LYMESTONE WAY  
City-St-Zip: COOPER CITY, FL 33026

Title: D      ( ) Delete  
Name: NEDTHONGKHAM, SIRIPAN  
Address: 1524 49 ST. AUSEWAY N. BAY WILLAS  
City-St-Zip: MIAMI, FL 33141

Title: TD      ( ) Delete  
Name: NEDTRANON, KULNADDA  
Address: 13740 S.W. 73 AVE.  
City-St-Zip: MIAMI, FL 33158

Title: D      ( ) Delete  
Name: HALELAMIEN, VERAPONA  
Address: 5805 S.W. 131 TER  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KULNADDA NEDTRANON

Electronic Signature of Signing Officer or Director

TD

05/10/2006

Date