

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 10 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002751

1. Corporation Name

WAT PRA-KEO, INC.

404 BAYBERRY DR
404 BAYBERRY DR

2. Principal Office Address
404 BAYBERRY DR

3. Mailing Office Address
404 BAYBERRY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE PARK, FL

City & State
LAKE PARK, FL

Zip
33403

Country
UNITED STATES

Zip
33403

Country
UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida 05/16/1996

5. FEI Number
65-0673066

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *OH*
12/13
[Signature]

7. Name and Address of Current Registered Agent

Name
NACHAMPASSAK, CHAO - VIENG

Street Address (P.O. Box Number is Not Acceptable)
404 BAYBERRY DR

Suite, Apt. #, Etc.

City
LAKE PARK, FL

State
FL

Zip Code
33403

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/07/2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NACHAMPASSAK, CHAO-VIENG	404 BAYBERRY DR	LAKE PARK, FL
SD	THANSAMAI, WALAIPORN	404 BAYBERRY DR	LAKE PARK, FL
D	BRIAN, EDWARD	404 BAYBERRY DR	LAKE PARK, FL
D	NACHAMPASSAK, KHAMKHAY	404 BAYBERRY DR	LAKE PARK, FL

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12/10/04--01018--023 **245.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

NACHAMPASSAK CHAO VIENG 12/07/2004

561-844-0367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)