

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC 17 PM 5:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000113930

1. Corporation Name  
 THAI ON THE BEACH, INC.

Principal Place of Business Mailing Address  
 901 NORTH ATLANTIC BLVD 901 NORTH ATLANTIC BLVD  
 FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304  
 3



100009528781  
 12/16/02--01085--012 \*\*750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		338 CORAL TRACE LN.		12/27/2001	
City & State		City & State		5. FEI Number	
DELRAY BEACH, FL		DELRAY BEACH, FL		01-0548807	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33304		33445			

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	EATROS, KERI	901 NORTH ATLANTIC BLVD	FT LAUDERDALE FL 33304
DVT	EATROS, WANNAPA	901 NORTH ATLANTIC BLVD	FT LAUDERDALE FL 33304
			338 CORAL TRACE LN. DELRAY BEACH, FL 33445

REINSTATEMENT 2002

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STEVEN D. BRAVERMAN, P.A. 8751 WEST BROWARD BLVD STE 206 PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 12/11/02

11. 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)(i), 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] REGISTERED AGENT MUST SIGN Date: 12-10-02 954-575-0015

CR2E040 (8/02)