

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000043475

1. Entity Name
SIPSONG PANNA INC.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 PM 1:00

Principal Place of Business
**415 LAKEVIEW STREET C-3
ORLANDO, FL 32804**

Mailing Address
**415 LAKEVIEW STREET C-3
ORLANDO, FL 32804**

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10092006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name **CHRISTAIN JEPSON**

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

415 LAKEVIEW STREET C-3

City **ORLANDO**

FL

Zip Code **32804**

8. 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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/10/2006

**FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **VTD** ☐ Delete
NAME **JEPSON, CHRISTAIN**
STREET ADDRESS **415 LAKEVIEW STREET C-3**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **PS** ☐ Delete
NAME **BOONPRASITH, SARINYA**
STREET ADDRESS **415 LAKEVIEW STREET C-3**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **800080829868
10/13/06--01048--013 **\$150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2006 896.1868

Date

Daytime Phone #