

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 30 PM 12: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000092862

1 Corporation Name  
CHARLENE, INC.

Principal Place of Business Mailing Address  
C/O LANNA THAI RESTAURANT C/O LANNA THAI RESTAURANT  
4300 SOUTH US HIGHWAY 1 STE 205 4300 SOUTH US HIGHWAY 1 STE 205  
JUPITER FL 33477 JUPITER FL 33477



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.		C/O LANNA THAI RESTAURANT		12/04/1995	
City & State		Suite, Apt. #, etc. 4300 SO. US HWY. 1, #205		5. FEI Number	
Zip		City & State JUPITER, FLORIDA		N/A	
Country		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		33477		\$875 Additional Fee required for a Certificate of Status	
		Country			
		US			

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	YODBUT, NITAYA	2607 FREEPORT ROAD	WEST PALM BEACH FL 33408
			700002045527--8 -01/03/97--01144--008 ****236.25 ****236.25
			700002045527--8 -01/03/97--01144--009 ****138.75 ****138.75

REINSTATEMENT 1996  
A. Alan  
12/30/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
BERNSTEIN, ALAN ESQ. 5033 OKEECHOBEE BLVD. WEST PALM BEACH FL 33417		Name ALAN BERNSTEIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 4369-4 OKEECHOBEE BLVD. Suite, Apt. #, Etc. City WEST PALM BEACH State FL Zip Code 33417		

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.

Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: OCTOBER 3, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(l), 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: Nitaya Yodbut 9/18/96 (561) 694-1443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #