*2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



DOCUMENT # N32021 05 MAY 25 PM 3: 44 WAT NAVARAM BUDDHIST TEMPLE, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2381 NARISSUS AVE. 2381 NARISSUS AVE. SANFORD, FL 32771 SANFORD, FL 32771 US 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. 05232005 REIN-NP Suite, Apt. #, etc. CR2E099 (6/04) 4. FEI Number 59-2947166 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUVAN, HOM Street Address (P.O. Box Number is Not Acceptable) 635 BIRGHAM PLACE LAKE MARY, FL 32746 8. The above named entity subprits his statement for the purpose of changing its registered office or registered agent, deadly by the state at factor of the obligations of registered agent. HOM SOUVAN SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoriture required when reinstating) Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 Florida Department of State corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Delete TITLE TITLE NORRAVONG, KHAMMANH SOUVAN, HOM NAME NAME STREET ADDRESS 226 BITTERWOOD STREET ADDRESS 635 BIRGHAM PLACE CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP LAKE MARY . FL 32746 Delete TITLE ☐ Channe Addition TITI F SOUVAN, HOM SONTHALY, NOUKANE 269 ALDRUP WAY 635 BIRGHAM PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP LAKE MARY, FL 32746 2 YPD Delete ☐ Change Addition KEOMANICHANH, CHOU CHITTALAD, KEO NAME NAME 2140 KORAT LANE STREET ADDRESS 328 TULANE DR STREET ADDRESS ORLANDO, FL 32810 CITY-ST-7IP CITY-ST-ZIP ALTA MONTE SRES, FL 32714 TITLE ☐ Delete TITLE ☐ Change Addition [19] SOUKSANOM, SOM SACK VIRAVONG, BOUNXOU NAME NAME 700 MATTLE ST. STREET ADDRESS 5477 ARPANA DR. STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP ORLANDO, FL 32839 TITLE Addition TITLE Delete ☐ Change INTHACHACK, PATRICIA NAME NAME INTHAVONGSA, THEPAKSONE 661 BLACK STONE AVE STREET ADDRESS 3116 PIGEONCOVE ST. STREET ADDRESS DELTONA, FL 32738 CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 TITLE ☐ Delete TITLE ☐ Change Addition SISALEUMSACK, SIVONG PHOMMACHANH, VIENGSAVANH NAME MAME 445 RINGWOOD COURT STREET ADDRESS 1927 TINDARO DR STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: WAMMANH S/23/05 (407)732-2325