2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N93000000261 08 APR 23 AM 9: 19 1. Entity Name WAT FLORIDA DHAMMARAM, INC. Principal Place of Business Mailing Address 2421 OLD VINELAND ROAD KISSIMMEE, FL 34746 2421 OLD VINELAND ROAD KISSIMMEE, FL 34746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 REIN-NP CR2E099 (1/07) 4. FEI Number 59-3165299 City & State City & State Applied For Not Applicable \$8.75 Additional Country Zip _____ Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOUTH CHAMTARA CHANTARA, YOUTH Street Address (P.O. Box Number Is Not Acceptable) 4481 N. PINE HILLS RD. ORLANDO, FL 32808 4493 MINE HILLS FL OPLANDO 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 registered agent. SIGNATURE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$122.50 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITI F Change Addition KRUAKAEW, PHRA S NAME NAME 300125354203 2421 OLD VINELAND RD STREET ADDRESS STREET ADDRESS 04/23/08--01026--017 **131.25 CITY-ST-71P KISSIMMEE, FL CITY-ST-ZIP ☐ Delete ☐ Change TITL F TITLE Addition DEEYING, PRAYOMG NAME NAME 4457 WINDERWOOD CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition SUBLATANA, NARONG NAME NAME 1456 MONTEGO LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP TD TITLE ☐ Delete Addition SAECHIM, KESORN NAME NAME 2684 BLAEK OAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL CITY-ST-ZIP ☐ Addition TITLE SD ☐ De lete TITLE VEHMANEESRI, CHAVALT NAME NAME 515 PORTLAND CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition PRAKIT, SIATRAGUL NAME NAME 423 E ROSEWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP RAVARES, FL 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 ampowered 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 anyeddings, with all other like empowered.

MRUA KAW, PHILA . S. 4-20-08

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE:

FILED