

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 542210

1. Corporation Name

BANGKOK CORPORATION

Principal Place of Business

260 DOUGLAS AVE.  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

260 DOUGLAS AVE.  
ALTAMONTE SPRINGS FL 32714  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified  
To Do Business in Florida

08/04/1977

5. FEI Number

59-2169523

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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
P	CHOWSANITPHON, MATEE	260 DOUGLAS AVE.	ALTAMONTE SPRINGS FL 32714
VS	JIAMPOHAJIT, PHANTHIPHA	260 DOUGLAS AVE.	ALTAMONTE SPRINGS FL 32714
			900004659869--5 -10/30/01--01091--014 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

JIAMPHAJIT, PHANTHIPHA  
260 DOUGLAS AVENUE  
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name

PHANTHIPHA JIAMPHAJIT

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

260 DOUGLAS AVE

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

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 10-12-01

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01

407-389-4115

Date

Daytime Phone #

CR2040 (8/01)