

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 18 PM 3:36

DOCUMENT # **542210**

1. Corporation Name  
**BANGKOK CORPORATION**

Principal Place of Business	Mailing Address
260 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714 US	260 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714 US



REINSTATEMENT 01

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

*SAME*

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 <input checked="" type="checkbox"/>	\$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
			<i>10/12/01</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JIAMPHAJIT, PHANTHIPHA  
 260 DOUGLAS AVENUE  
 ALTAMONTE SPRINGS FL 32714

Name	PHANTHIPHA JIAMPHAJIT		
Street Address (P.O. Box Number is Not Acceptable)	260 DOUGLAS AVB		
Suite, Apt. #, Etc.			
City	ALTA MONTE 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]*

Date 10-12-01

REGISTERED AGENT MUST SIGN

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]* 10-12-01 407-389-4115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)