|  | PLEASE READ  | ALL INST            | RUCTIONS   | BEFORE C  | OMPLET  | ING THIS FORM.                                      |
|--|--|---------------------|--|---|---|---|
| APPLICATION FLORIDAD K   |  |                     | DEPARTMENT OF STATE Katherine Harris Secretary of State VISION OF CORPORATIONS |   |   | E'ILED  |
| DOCUMENT # F 4331U   |  |                     |  |   | 99 OCT 12 PM 6: 01  |   |
| SUKSANONG + SUKSANONG, MD'S DA   |  |                     |  |   |   | SECRETARY OF STATE TALLAHASSEE, FLORIDA             |
| Principal Place of Business Mailing Address  |  |                     |  |   |   | IUPPUIUAAAPI PAIIMU                                 |
| 1752-9th ST. N. ST. PETERSBURG FL, 33704   |  |                     |  |   |   |   |
| If above addresses are incorrect in any way, line through incorrect information and enter cor  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Ap   |  |                     |  |   | 4. Date Incorporated or Qualified To Do Business in Florida SEPTEMBER 1, [98] |   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |                     | stc.   |   | 5. FEt Number Applied For   |   |
| City & State   |  |                     | City & State  Zip Country  |   | 6.  | S8 75 Additional Fee required                       |
| <u></u>  | es and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must |                     |  |   |   | E OF STATUS DESIRED for a Certificate of Status     |
| Title(s)   | Name of Officers and/or Directors  | Name of Officers St |  | reet Address of Each<br>ficer and/or Director<br>se Post Office Box N | 1   | City / State / Zip                                  |
| PRESU  | D THAWATCHAI SUKSANONG 1752-9TH ST. N. STPETEFL ST. PETERSBORG, F                            |                     |  |   |   | ST. PETERSBURGIFL 33704                             |
| VICE   | MINGQUAN SUKSANONG 1752-9TH 85. N. 8T  |                     |  |   |   | ST PETERSBURG, EL 33704                             |
|  | MINGQUAN SUKSANONG 1752. 974 ST. A   |                     |  |   | *.*   | ST. AL WEST STUDIES SEE STRONG                      |
| CONTINUETATEMENT 99 ITS  |  |                     |  |   |   |   |
|  | REINSTATEMENT 99 E 1 TS  |                     |  |   |   |   |
| <u> </u>   | 8. Name and Address of Current   | t Registered Ager   | nt   |   | 9. Name and /   | Address of New Registered Agent                     |
| SUK  | SANONS, THAWAT   | CHAI                |  | Name  | 112/96  |   |
| 1752 - 91H ST. N.  |  |                     |  | Street Address (P.O. Box Number is Not Acceptable)                    |   |   |
| ST PETERSBURG, PL 33704  |  |                     |  | Suite, Apt. #, Etc10/26/9901065006 City ####750.00tate####550.00      |   |   |
| 10. I, being appointed the registered agent of the above gamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  Date 950 1999  |  |                     |  |   |   |   |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30.  REGISTERED AGENT MUST SIGN  (See other side for information on Intangible tax.)  |  |                     |  |   |   | (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 filling 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: My gran Sally 9/30/99 727-813-7114 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destino Phone in   |  |                     |  |   |   |   |
| MINGGLAN SUKSANONG, VICE PRESIDENT, DIRECTOR   |  |                     |  |   |   |   |