2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000086039

Entity Name: THAI-BY-THAI ENTERPRISES, LLC

FILED Dec 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 124 PALM COAST PARKWAY, NE PALM COAST, FL 32137 US **Current Mailing Address: New Mailing Address:** 124 PALM COAST PARKWAY, NE PALM COAST, FL 32137 US FEI Number: 20-2176164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US 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. SIGNATURE: SOMPONG BANCHANURAT Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BANCHANURAT, SOMPONG Name: Name: 124 PALM COAST PARKWAY NE Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: () Delete Title: () Change () Addition BANCHANURAT, SOMPONG Name: Name: Address: 124 PALM COAST PARKWAY NE Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: () Delete Title: () Change () Addition BANCHANURAT, SUPATTRA Name: Name: 124 PALM COAST PARKWAY NE Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: Title: () Change () Addition () Delete BANCHANURAT, SUPATTRA Name: Name: 124 PALM COAST PARKWAY NE Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: () Delete Title: () Change () Addition BANCHANURAT, SUPATTRA Name: Name: 124 PALM COAST PARKWAY NE Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: () Delete Title: () Change () Addition BANCHANURAT, SUPATTRA Name: Name: Address: 124 PALM COAST PARKWAY NE Address: PALM COAST, FL 32137 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SOMPONG BANCHANURAT D 12/03/2008