

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 JUL 18 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07172007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000102709 1. Entity Name THAI INTERNATIONAL, LLC					
Principal Place of Business 8957 INTERNATIONAL DRIVE 401 ORLANDO, FL 32819 US			Mailing Address 8957 INTERNATIONAL DRIVE 401 ORLANDO, FL 32819 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3644250	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INTHIRAJVONGSY, CHANDAY 8957 INTERNATIONAL DRIVE SUITE 401 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Sue Rattanasena Street Address (P.O. Box Number is Not Acceptable) 8957 International Drive Suite 401 City Orlando State FL Zip Code 32819		
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 <u><i>Sue Rattanasena</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>7/17/07</u>					
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTHIRAJVONGSY, CHANDAY 7313 HUNTERDON COURT ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RATTANASENA, PHONSAVANH 217 NORTH MAGNOLIA AVENUE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 is true and accurate and that my 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: <u><i>Sue Rattanasena</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>7/17/07</u> (407) 370-2200 <small>Date Daytime Phone #</small>	

REINSTATEMENT

06-07