

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000004375

1. Entity Name

LAO SAMPHANH ASSOCIATION, INC.



FILED

2008 FEB 26 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2829 28TH STREET N
ST PETERSBURG, FL 33713

Mailing Address

2829 28TH STREET N
ST PETERSBURG, FL 33713

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01232008

REIN-NP

CR2E099 (1/07)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOKHAM, RANDY H
2829 28TH STREET N
ST PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SAYASONE, KEO
STREET ADDRESS 5760 16TH AVE N
CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE D ☐ Delete
NAME SILAPHET, KHONGSAVANH
STREET ADDRESS 5899 107TH TERR N
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE D ☐ Delete
NAME THIPPHONEPHANH, SANONG
STREET ADDRESS 5940 106TH TERR N
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE D ☐ Delete
NAME AMERIN, PHAYSAB
STREET ADDRESS 1635 28TH AVE N
CITY-ST-ZIP ST PETERSBURG, FL 33714

TITLE D ☐ Delete
NAME PHONEVICHITH, SENG
STREET ADDRESS 2565 26TH AVE N
CITY-ST-ZIP ST PETERSBURG, FL 33713

TITLE P ☐ Delete
NAME NOKHAM, RANDY H
STREET ADDRESS 2829 28TH STREET N
CITY-ST-ZIP ST PETERSBURG, FL 33713

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 500119547035
STREET ADDRESS 03/06/08--01013--012 **297.50
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-2008

Date

Daytime Phone #