## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000012959

Entity Name: THE THAIS COUNCIL, INC.

FILED Jun 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 16206 SKYLINE LN.
 406 MADISON LANE SE

 ATLANTA, GL 30345
 SMYRNA, GA 30080

Current Mailing Address: New Mailing Address:

16206 SKYLINE LN. PO BOX 711

ATLANTA, GL 30345 SMYRNA, GA 30081

FEI Number: 20-8107540 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COUNCIL, THAIS
9710 NW 7TH CIRCLE, #1037
PLANTATION, FL 33324 US
COUNCIL, THAIS
406 MADISON LANE SE
SMYRNA, FL 30080 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: THAIS COUNCIL 06/24/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 COUNCIL, THAIS
 Name:
 COUNCIL, THAIS

 Address:
 9710 NW 7TH CIRCLE, #1037
 Address:
 406 MADISON LANE SE

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 SMYRNA, GA 30080

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BANGO, EBONI
 Name:

 Address:
 4465 CEPEDA ST.
 Address:

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GILBERT, OLIVER
 Name:

 Address:
 3261 NW 208TH TERR.
 Address:

 City-St-Zip:
 MIAMI GARDENS, FL 33056
 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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THAIS COUNCIL DIRE 06/24/2009