

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000012122

FILED
Oct 27, 2008
Secretary of State

Entity Name: THE LAOTIAN BENEVOLENT SOCIETY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2381 NARCISSUS AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

2381 NARCISSUS AVE
SANFORD, FL 32771

New Mailing Address:

1932 TINDARO DRIVE
APOPKA, FL 32703

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHITAKONE, DAVIDA S
1932 TINDARO DRIVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: DAVIDA CHITAKONE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RATTANAVONG, KHAMSONE
Address: 1122 NAOMI LANE
City-St-Zip: SANFORD, FL 32773

Title: V () Delete
Name: PHANITHAVONG, ONETA
Address: 1249 STONEWATER CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: V () Delete
Name: PHANOUVONG, PHOMMA
Address: 1755 LINDZLU STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DAVIDA CHITAKONE

RA

10/27/2008

Electronic Signature of Signing Officer or Director

Date