

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 16 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17157

1. Corporation Name

THAI-AMERICAN ASSOCIATION OF SOUTH FLORIDA, INC
ORPORATED

Principal Place of Business

15200 SW 240TH ST
MIAMI FL 33032

Mailing Address

15200 SW 240TH ST
MIAMI FL 33032

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1986

5. FEI Number

59-2808521

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	CHUAINDHARA, RANGSAN	19230 ORTHWEST 87TH PLACE	MIAMI FL
V	POOCHAREON, NOOPORN	9475 SOUTHWEST 69TH AVENUE	MIAMI FL
D	CHUAINDHARA, ATCHANA	14886 SOUTHWEST 40TH COURT	MIRAMAR FL
T	SEWACHUEN, STOCKS	860 N. VENETIAN DRIVE	MIAMI FL
SD	KUNADDA NEDTRANON	13740 SOUTHWEST 73RD AVENUE	MIAMI FL
D	KHANYA, MOOLSIRI	12112 LYMESTONE WAY	COOPER CITY FL

8. Name and Address of Current Registered Agent

UNGVICHIAN, VICHATE DR.
6495 PONDAPPLE ROAD
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

100002035511--0

-12/20/96--01107--003

***236.25 ***236.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

12/6/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 15 1996

305-530-4026

Date

Daytime Phone #