

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 31 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 17234**

1. Corporation Name
WAT LAO MIXAYARAM, INC.

REINSTATEMENT 07-06
CR2E081 (12/05) **WOP**

2. Principal Office Address
4300 43rd ST. N

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

Zip **33714** Country **PINELLAS**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **PHAFONG, DED**

Street Address (P.O. Box Number is Not Acceptable)
4300 43rd STREET NORTH

Suite, Apt. #, Etc.

City **ST. PETERSBURG** State **FL** Zip Code **33714**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **[Signature]** Date **7.12.06**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PHOMMAVONG, SANGTHONG	5245 ROBIN LANE NORTH	ST. PETERSBURG, FL 33714
V	SOUPHANTHAMITH, WILSON	6975 18 th STREET NORTH	ST. PETERSBURG, FL 33702
S	INSOUTA, KHAMPHAN	5255 101 st AVE NORTH	PINELLAS PARK, FL 33782
T	SYSAMOUTH, PHOY	8836 52 nd STREET. N.	PINELLAS PARK, FL 33782
VT	INTHAVONGSA, PETER	9950 53 rd LANE N.	PINELLAS PARK, FL 33782

10. 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 contained in Chapter 119, 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: **PHOMMAVONG, SANGTHONG** **PHOMMAVONG** **7.12.06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

July 12, 2006

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporation

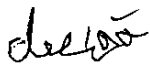
Subject: Reinstatement Fee Waiver due to failure to receive Annual Report Notices in
the year of dissolution / revocation.

TO WHOM IT MAY CONCERN,

I, DED PHAFONG, did not receive the Annual Report Notices in the year of dissolution /
revocation.

We wish that the reinstatement fee be waived because of the above mentioned reason.

Sincerely,



Ded, Phafong
Registered Agent
Wat Lao Mixayaram, Inc.
(Laotian Buddhist Temple, Inc.)
St. Petersburg, FL 33714