# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 AM 9:19

DOCUMENT # N93000000261

1. Entity Name
WAT FLORIDA DHAMMARAM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2421 OLD VINELAND ROAD<br>KISSIMMEE, FL 34746 | 2421 OLD VINELAND ROAD<br>KISSIMMEE, FL 34746 |

04182008 REIN-NP CR2E099 (1/07)

| 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 — — |

4. FEI Number 59-3165299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CHANTARA, YOUTH<br>4481 N. PINE HILLS RD.<br>ORLANDO, FL 32808 | Name CHANTARA, YOUTH<br>Street Address (P.O. Box Number is Not Acceptable)<br>4493 N. PINE HILLS RD.<br>City ORLANDO FL Zip Code 32808 |

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 Youth chantara YOUTH CHANTARA 4-20-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $122.50**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>KRUAKAEW, PHRA S<br>2421 OLD VINELAND RD<br>KISSIMMEE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>300125354203<br>04/23/08--01026--017 **131.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DEEYING, PRAYOMG<br>4457 WINDERWOOD CIR.<br>ORLANDO, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SUBLATANA, NARONG<br>1456 MONTEGO LANE<br>ORLANDO, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>B 4/24/08 07-08 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SAECHIM, KESORN<br>2684 BLAEK OAK LANE<br>KISSIMMEE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | REINSTATEMENT ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>VEHMANEESRI, CHAVALT<br>515 PORTLAND CIR.<br>APOPKA, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PRAKIT, SIATRAGUL<br>423 E ROSEWOOD LANE<br>RAVARES, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** KRUA KAEW, PHRA S. 4-20-08 407-397 9552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #