

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN -7 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002380

1. Corporation Name

UNITED LAO COMMUNITY OF FLORIDA INC

2. Principal Office Address

2644 17TH AVE NORTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33713

Country

USA

3. Mailing Office Address

2644 17TH AVE NORTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33713

Country

USA

REINSTATEMENT

02-04-
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/1995

5. FEI Number

593322400

☒ 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

SOUYATH THONGDARA

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

3465 25TH ST. NORTH

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33713

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]

REGISTERED AGENT MUST SIGN

Date

12.29.04

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
D/P	TIEM THANTHIMA	2644 17TH AVE N.	ST. PETERSBURG, FL 33713
D/V	BOUNPHENG SEANKA	3151 9TH AVE N.	ST. PETERSBURG, FL 33713
D/T	PONEPHET THONGDARA	3465 25TH ST. N.	ST. PETERSBURG, FL 33713
D/S	HEUNE NOKHAM	2829 28TH ST. N	ST. PETERSBURG, FL 33713

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 under section 119.07(3)(f), 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

Date

12.26-04

Daytime Phone #

CR2001 (01/04)