

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000003371

FILED
Oct 20, 2004
Secretary of State**Entity Name:** BURMESE BUDDHIST ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**3107 OHIO AVENUE
SANFORD, FL 32771 US**New Principal Place of Business:****Current Mailing Address:**3107 OHIO AVENUE
SANFORD, FL 32771 US**New Mailing Address:****FEI Number:** 59-3326382 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**SHIN, MAUNG N
5303 OLD WINTER GARDEN RD
ORLANDO, FL 32811 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: KAN, HTET U
Address: 13811 HARBOR CREEK PLACE
City-St-Zip: JACKSONVILLE, FL 32224**Title:** D () Delete
Name: TOE, DAW S
Address: 8359 LAKE CROMWELL CIRCLE
City-St-Zip: ORLANDO, FL 32836**Title:** D () Delete
Name: OO, KO KO
Address: 4864 WALDEN CIRCLE APT 411
City-St-Zip: ORLANDO, FL 32811**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 for the exemption stated in Section 119.07(3)(i), 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: MAUNG N. SHIN

RA

10/20/2004

Electronic Signature of Signing Officer or Director

Date