02-12-2007 90099 043 ***131.25
N96000006499

FILED
07 FEB 12 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000006499

1. Entity Name
WAT MONGKOLRATANARAM OF FORT WALTON BEACH, INC.

Principal Place of Business	Mailing Address
741 MAYFLOWER AVENUE FT WALTON BEACH, FL 32547	741 MAYFLOWER AVENUE FT WALTON BEACH, FL 32547

02062007 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 11-3644201 ☐ 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
CHATGOR, SAWAT 811 PINEDALE ROAD FT WALTON BEACH, FL 32547	Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 0607 City FL Zip Code

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 Sawat Chatgor Sawat Chatgor 02/06/07
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	P MONGKOLRAJMUNI, PHRA 1911 RUSSELL ST. BERKELEY, CA 94703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sanmuan, Nunmanus 741 Mayflower Avenue Ft. Walton Beach, Fl. 32547	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UNKAEW, PHRAMAHA SAWAT 741 MAYFLOWER AVENUE FT WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Dasri, Phramaha Narongrit 741 Mayflower Avenue Ft. Walton Beach, Fl. 32547	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V YIRUM, PREECHA 5306 PALM RIVER ROAD TAMPA, FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMPHAY, SANGVIENG 1614 MARIAH WAY E. FT WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHATGOR, SAWAT 811 PINEDALE RO. FT WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAIPRASERT, PHRAMAHA AMPOR 741 MAYFLOWER AVE. FORT WALTON BEACH, FL 32547	☒ 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: Sawat Chatgor Sawat Chatgor 02/06/07 (850)225-3683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #