

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N97000002614</b> 1. Entity Name <b>WATLAO BUDDHA PHAVANARAM INC.</b>				 <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right;">07 OCT 17 PM 12:23</div> <div style="text-align: right; font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>5618 58TH ST N. KENNETH CITY, FL 33709</b>		Mailing Address <b>5618 58TH ST N. KENNETH CITY, FL 33709</b>			
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 <b>59-3450687</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SOUK, THOMAS 8688 68TH STREET PINELLAS PARK, FL 33782</b>				Name <b>KEO XAYASONE</b> Street Address (P.O. Box Number is Not Acceptable) <b>5760 16TH AVE NORTH</b> City <b>ST-PETERSBURG</b> FL <b>33710</b>	
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 <u>KEO XAYASONE</u> <i>Keo Xayasone</i> <u>10/10/07</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KETTA VONG, KHAMPHA 5618 58TH STREET N. KENNETH CITY, FL 33709</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>400110943034</b> <b>10/18/07--01021--006 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DETHSADA, KHAMPHET 4724 58TH AVE N. SAINT PETERSBURG, FL 33714</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD KEO XAYASONE 5760 16TH AVE. N ST. PETERSBURG FL 33710</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V XAYASONE, KEO 5760 16TH AVE. N SAINT PETERSBURG, FL 33710</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V SEAZU PHOTHISARATH 4018 14TH AVE. N ST. PETERSBURG FL 33713</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PHIMVILAYPHONE, SOMPHACK 2846 30TH STREET. N SAINT PETERSBURG, FL 33713</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SOUK, THOMAS 8688 68TH STREET PINELLAS PARK, FL 33782</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S. COREY VONGSALAY 2327 4TH STREET. N ST. PETERSBURG FL 33713</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Keo Xayasone</u> <b>KEO XAYASONE</b> <u>10/10/07</u> <u>(727) 631-4619</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 10:00AM</small>					

B. Mached OCT 17 2007