

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002943

1. Corporation Name

AYUTTAYA THAI CUISINE, INC.

Principal Place of Business

Mailing Address

2437 SW 27 AVE
OCALA FL 34474

~~6658 NW 83 COURT~~
OCALA FL 33484

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3620242

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CHANAVORACHAI, SOMPONG	6658 NW 83 COURT Terrace	OCALA FL 33484
D	CHANAVORACHAI, SHERRY	6658 NW 83 COURT Terrace	OCALA FL 33484

700024092027
10/24/03--01067--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHANAVORACHAI, SHERRY
~~6658 NW 83 COURT~~
OCALA FL 33484

Name

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

6658 NW 83 Terrace

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/21/03

11. 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)(i), 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

10/21/03 (352) 237-3433
Date Daytime Phone #

CR2E040 (7/03)



Kofsky, Coury & Associates, PA

CERTIFIED PUBLIC ACCOUNTANTS

October 21, 2003

Florida Department of State
Division of Corporations
P.O. Box 8327
Tallahassee, FL 32314


Re: Ayuttaya Thai Cuisine, Inc.
6658 N.W. 83rd Court
Ocala, FL 34482-8037
Annual Report Reinstatement

I am corresponding with you as the accountant for the above referenced taxpayer. Ayuttaya Thai Cuisine, Inc. received a notice of administrative dissolution for the corporation and did not receive any prior notices. The mailing address has recently been changed from court to terrace and we believe this caused the mail not to be received.

Since all prior filings and payments have been made in a timely manner, we respectfully request abatement of penalty. Please accept the enclosed check #2978 in the amount of \$150.00 as payment in full.

Thank you in advance for your prompt attention to this matter.

Respectfully,


Misty L. Bush
Certified Public Accountant