PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 15 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/15/03--01076--011 **750.00

REINSTATEMENT 02

DOCUMENT # P00000039918

1. Corporation Name

THAIPARIS INC.

2. Principal Office Address	**3.** Mailing Office Address
200 E. Madison Street	1553 Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Sarasota, FL
Zip: 33602 Country: USA	Zip: 34236 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 4/20/00

5. FEI Number: 59-3643576 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 (Additional Charge for Certified Copy or Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Steven H. Judd

Street Address (P.O. Box Number is Not Acceptable): 2940 South Tamiami Trail

Suite, Apt. #, Etc.:

City: Sarasota | State: FL | Zip Code: 34239

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: Steven H Judd — Date: 1/6/03

REGISTERED AGENT MUST SIGN

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
P/D	Christophe Coutelle	2230 Alameda Avenue	Sarasota, FL 34234

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)(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: Christophe COUTELLE 01/02/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 1/16