

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 23, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P00000070359

1. Corporation Name

SUSHI THAI CAFE INC.

P00000670359 (document number)

2. Principal Office Address

100 NE 2 ST

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

FL 33432

Country

Plam Beach

3. Mailing Office Address

100 NE 2 ST

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

FL 33432

Country

Plam Beach

800018024148  
05/29/03--01062--001 \*\*8.75

02-03 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

24/Jul/2000

5. FEI Number

65-1029697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

KHWANRIDEE GRAYSON (LONG) (my last name is changed)

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

100 NE 2 ST

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

Khwandee Grayson

REGISTERED AGENT MUST SIGN

Date

4/28/03

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
President	NIWAT PIYAVICHAYANONT	1231 SW 1 AVE Boca Raton, FL 33432	Boca Raton FL 33432
Vice President	Wanida Chatchenbutr	2411 NE 172 Street N. miami Beach, FL 33132	Boca Raton FL 33432
Secretary	Khwandee P Grayson	1231 SW 1 AVE Boca Raton, FL 33432	Boca Raton, FL 33432

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:

Khwandee Grayson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

(561) 750-4448

Daytime Phone #

CR2E001 (1/02)