

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kenneth Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:32

DOCUMENT # P00000094348

1. Corporation Name

NUCH. INC.

Principal Place of Business

2605 W REYNOLD STREET
PLANT CITY FL 33567

Mailing Address

2605 W REYNOLD STREET
PLANT CITY FL 33567

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

10/04/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SOODJINDA, ANUCHA	2605 W REYNOLD STREET	PLANT CITY FL 33567
VD	SOODJINDA, LIZA <i>please remove me</i>	2605 W REYNOLD STREET	PLANT CITY FL 33567
			400004678804--4 -11/14/01--01054--029 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOODJINDA, ANUCHA
2605 W REYNOLD STREET
PLANT CITY FL 33567

Name

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

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.

Signature of
Registered Agent

Anucha Soodjinda

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/18/01

AD

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:

Anucha Soodjinda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/01

Daytime Phone #

(813) 961-0921

NUCH INC.
2605 West Reynolds Street
Plant City, FL 33567
(813) 961-0921

October 18, 2001

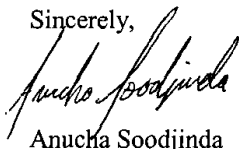
To Whom It May Concern:

Please accept this check in the amount of \$150.00 as I never receive prior notification. I did speak to a representative at the Florida Department of State today by calling the number (850) 245-6059 on the form I received, and I was informed that I could submit this letter. I do hope this reinstates my application.

Please, if you do have any questions at all, I can be contacted at (813) 961-0921. I am a start up business and I truly would have submitted whatever form and payment is requested of me, but I did not receive anything. Thank you for your help.

Also, I would like to remove Liza Soodjinda as an officer.

Sincerely,



Anucha Soodjinda
NUCH INC.