

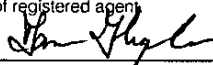
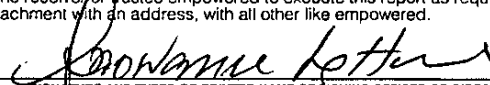


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000060252 1. Entity Name THAI ORCHID, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JUN 30 PM 2:39	
Principal Place of Business 10022 CROSS CREEK BLVD. TAMPA, FL 33647 US				Mailing Address 9145 ROCKROSE DRIVE TAMPA, FL 33647 US			
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 1.2em; margin-bottom: 10px;">7/13/04 90007 004 \$150.00</div>  <div style="margin-top: 10px;"> 05162005 REIN-P CR2E098 (6/04) </div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A. 1840 CORAL WAY, 4TH FL MIAMI, FL 33145				Name TASANE THANAPRACHOON Street Address (P.O. Box Number is Not Applicable) 10022 CROSS CREEK BLVD. City TAMPA FL Zip Code 33647			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Date 6/24/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$900.00				07/12/05--01057--011 **150.15			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINI, TIM 10022 CROSS CREEK BLVD. TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Saowanee Lattananay 10022 Cross Creek Blvd, Tampa FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LATTANAND, SAOWANEE 10022 CROSS CREEK BLVD. TAMPA, FL 33647 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tasane Thanaaprachoon 10022 Cross Creek Blvd Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTINI, MICHAEL A 10022 CROSS CREEK BLVD. TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Phonip Unyakit 10022 Cross Creek Blvd., Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAISAN KLAILEE 10022 CROSS CREEK BLVD. TAMPA, FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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		
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 exemption stated in Section 119.07(3)(l), 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 607, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 06/24/05 Daytime Phone # (813) 934-1178			