2005 FOR PROFIT CORPORATION

REINSTATEINENT												
DOCU 1. Entity Nam THAI ORG				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JUN 30 PM 2: 39								
Principal Plac	e of Busines	s			000000	•						
10022 CROS TAMPA, FL	SS CREEK BL 33647 U	VD. S	Mailing Address 9145 ROCKROSE DRIVE TAMPA, FL 33647 US				7/13	164 9	ο∞↑ 	004	#\59 <i>≅</i>	
2. Principal P		ness	3. Mailing Address									
Suite, Apt. City & Stat			Suite, Apt. #, etc. City & State				05162005 4. FEI Numbe	REIN-P	CR2E09	8 (6/04)	aliant Car	
				·		59-3725555 Not Applica				Applicable		
Zip		Country	Zip	itry	5. Certificate of Status Desi			Fee Required				
	6. Name	and Address of Current		Address of New F		ent						
SPIEGEL & UTRERA, P.A. 1840 CORAL WAY, 4TH FL						Name TASANEF THANAPRACH O UM Street Address (P.O. Box Number is Not Access (P.O. Box Number i						
MIAMI, FL 33145					10022 CROST CREEK BLVD.							
					City	TAM		TOK OC	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. Lam familiar with, and accept												
the obligations of registered agent 6 24 12005												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reindath)												
0771470501037011 ***156.15												
- FII	LE NOW!!	FEE IS \$900.00								-		
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND D	IRECTORS	IN 11	
TITLE	PD		Delete	TITLE	E	PJ	>			L effange	Addition	
NAME STREET ADDRESS	MARTINI,	TIM OSS CREEK BLVD.	NAME		_	Sacwanee Lattanayof			,			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 rustee 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #												