

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 19 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000065920**

1. Corporation Name

THAI-THAI RESTAURANT, INC.

PALM HARBOR SHOPPING CENTER
10 WOODSWORTH DRIVE

2. Principal Office Address

PALM HARBOR SHOPPING CENTE

3. Mailing Office Address

4 WOODSTON LANE

Suite, Apt. #, etc.

SUITE 124

Suite, Apt. #, etc.

City & State

PALM COAST, FL

City & State

PALM COAST, FL

Zip

32137

Country

FLAGLER

Zip

32164

Country

FLAGLER

4. Date Incorporated or Qualified

To Do Business in Florida JULY 3, 2001

5. FEI Number

59-3734675

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

B. PAUL KATZ, ESQUIRE

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

1 FLORIDA PARK DRIVE SOUTH

Suite, Apt. #, Etc.

ATRIUM SUITE

City

PALM COAST

State

FL

Zip Code

32137

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

Date 11/17/04

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
PRES.	PHASUK THOMYA	159 BAYSIDE DRIVE	PALM COAST, FL 32137
V.P.	SUPHARVAT CHANDRINDU	10 WOODWORTH DRIVE	PALM COAST, FL 32164
SECY.	DUANGRAT BHUMICHITR	10 WOODWORTH DRIVE	PALM COAST, FL 32164
TREAS	AMPORNPIM VAJRABHAYA	20 BRUNETT LANE	PALM COAST, FL 32137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)