

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -5 PM 4:21

142

DOCUMENT # P01000071527

1. Entity Name  
THAI ORCHID, INC.



Principal Place of Business  
4339 66TH ST. NORTH  
KENNETH CITY, FL 33709

Mailing Address  
4339 66TH ST. NORTH  
KENNETH CITY, FL 33709

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10172006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number  
59-3743953

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIANGLOI, PORNTHEP  
4339 66TH ST. NORTH  
KENNETH CITY, FL 33709

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SIANGLOI, PORNTHEP  
STREET ADDRESS 4339 66TH ST. NORTH  
CITY-ST-ZIP KENNETH CITY, FL 33709

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 700082284997  
12/05/06--01011--003 ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Siangloi Pornthep Siangloi* 11/24/06 (727) 546-9834  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 2

Thai Orchid, Inc.  
4339 66<sup>th</sup> St. N.  
Kenneth City, FL 33709

November 26, 2006

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00. I wonder if you could kindly abate the penalty fee, since we never received any prior notice of renewal from you other than the "NOTICE OF DISSOLUTION OR REVOCATION." Thank you.

Best regards,



Pornthep Siangloi  
President  
Thai Orchid, Inc.

Enclosures:

1. A \$150.00 check
2. NOTICE OF DISSOLUTION OR REVOCATION
3. The pre-printed form entitled "2006 for Profit Corporation Reinstatement"