PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 JUN 17 AM 10: 07
DOCUMENT # POLOCOLOO833		SECRETARY OF STATE TALLAHASSEE FLORIDA
Reangthai Thai Res	Haurant, Inc.	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
2740 Capital Circle NE	2740 Capital Circle NE	CR2E081 (12/08)
Suite, Apt #, etc.	Suite, Apt. #, etc.	1
#2	#2	4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number Applied For
Tallahassel, FL	Tallahassee, FL	59 - 375 / 7/44 Not Applicable
Zip Country 32308 U.S.	21p Country 32308 U.S.	G. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	f Current Registered Agent	
Name Nivariola Mulsing Street Address (P.O. Box Number is Not Acceptable) 7.740 Capital Circle N.E.		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you
2740 Capital Circle NE Suite, Apt. #, Etc. # 2		are certifying the prior notices were not received and requesting the reinstatement
Tallarassee	State Zip Code FL 32308	_ fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0593, F.S. Signature of Registered Agent Park 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 Eacl Officer and/or Directo	
VP Sayun muls.	ing 2740 Capital	Circle NE Tayahassu, FL 32318
P Nirarida Mu	lsing 2740 Capital C	Pircle NE Tallahassee, FL 32308
REINSTATEMENT 07-09		
		700157346797 06/17/0901003006 **450 00
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 contained in Chapter 119, 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 Daytime Phone /		