

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000113930

1. Corporation Name

THAI ON THE BEACH, INC.

Principal Place of Business

901 NORTH ATLANTIC BLVD  
FT LAUDERDALE FL 33304

Mailing Address

901 NORTH ATLANTIC BLVD  
FT LAUDERDALE FL 33304

3

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

338 CORAL TRACE LN.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33304 33445

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/2001

5. FEI Number

01-0548807

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

1

Name of Officers  
and/or Directors

2

Street Address of Each  
Officer and/or Director

3

City / State / Zip

4

DPS

EATROS, KERI

901 NORTH ATLANTIC BLVD

FT LAUDERDALE FL 33304

DVT

EATROS, WANNAPA

901 NORTH ATLANTIC BLVD

FT LAUDERDALE FL 33304

338 CORAL TRACE LN.  
DELRAY BEACH, FL 33445

REINSTATEMENT 2002

8. Name and Address of Current Registered Agent

STEVEN D. BRAVERMAN, P.A.  
8751 WEST BROWARD BLVD STE 206  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/11/02

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-10-02 954-585-0015

CR2040 (8/02)