

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -7 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043176

1. Corporation Name

CHIANG MAI THAILAND RESTAURANT, INC.

Principal Place of Business

1100 CENTRAL AVE
ST PETERSBURG FL 33705

Mailing Address

1100 CENTRAL AVE
ST PETERSBURG FL 33705

RR

REINSTATEMENT 2003

800023906908
10/17/03--01055--004 **61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/2002

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	TEPWONG, WANPEN (DECEASED)	1100 CENTRAL AVE	ST PETERSBURG FL 33705
VS	TEPWONG, YOON (DECEASED)	1100 CENTRAL AVE	ST PETERSBURG FL 33705
PT	WANPEN B. TEPWONG	1100 CENTRAL AVE	ST. PETERSBURG FL 33705

800023906908
11/07/03--01070--032 **688.75

8. Name and Address of Current Registered Agent

SAMAH, CHARLES M
259 FOURTH AVE NORTH
ST PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

THOMAS T. SOUK

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

8688-68th STREET

Suite, Apt. #, Etc.

City

PINELLAS PARK

State

FL

Zip Code

33782

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

Thomas Souk
REGISTERED AGENT MUST SIGN

Date

10/10/03

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)(l), 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:

WANPEN AT TEPWONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03. 727/895-4851

Daytime Phone #

CR2E040 (7/03)