

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000010180

1. Corporation Name

SUNGKAMEE, INC.

2. Principal Office Address

972 NE 93 RD ST.

Suite, Apt. #, etc.

MIAMI SHORES

City & State

FL

Zip

33138

Country

3. Mailing Office Address

972 NE 93 RD ST.

Suite, Apt. #, etc.

MIAMI SHORES

City & State

FL

Zip

33138

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/15/2003

5. FEI Number

22-3894567

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THAWACH PHOC SUNGKAMEE

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

972 NE 93 RD ST

Suite, Apt. #, Etc.

City

MIAMI SHORES

State

FL

Zip Code

33138

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

THAWACH PHOC

Date

1/14/06

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
P	THAWACH PHOC SUNGKAMEE	972 NE 93 RD ST	MIAMI SHORES FL 33138
VP	HATAIWAN THOSUKALUX	972 NE 93 ST	MIAMI SHORES FL 33138

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:

THAWACH PHOC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/06

Daytime Phone #

SUNGKAMEE, INC
972 N.E. 93 STREET
MIAMI SHORES, FL 33138

January 24, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Sungkamee, Inc
Document # P03000010180

Dear Sir/Madam

We did not receive the renewal notice from the State since our incorporation date due to a change in our business and mailing address. We were not aware of the Annual Report filing requirements until our CPA informed us today.

We now enclose the Corporation Reinstatement form for Sungkamee, Inc. Please also find a check in the amount of \$150 being the annual report fee for the year 2004.

We regret the inconvenience caused and would greatly appreciate if you would kindly reinstate Sungkamee, Inc. as soon as possible.

Thank you for your kind understanding and cooperation in this matter.

Very Truly Yours,



Thawachphol Sungakamee
President

enc.