

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 AUG -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 903000077544

1. Corporation Name

GIBB & Goi Thai Cuisine, Inc.

2. Principal Office Address - No P.O. Box #

~~1207 Portmoor Way~~

Suite, Apt. #, etc.

76700 Conroy Rd #105

City & State

Winter Garden, FL

Zip

32835

Country

USA

3. Mailing Office Address

1207 Portmoor Way

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

34787

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

7-11-03

5. FEI Number

20-0076554

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

Rtee Khunduang

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

1207 Portmoor Way

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
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 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

7/31/07

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
owner	sakol khunduang	1207 Portmoor Way	Winter Garden, FL 34787
owner	Rtee Khunduang	1207 portmoor Way	Winter Garden, FL 34787
REINSTATEMENT 08-07			
RH			

200107463012
09/07/07--01050--001 **1050.00

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:

SAKOL KHUNDUANG *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/31/07 407-292-5554

Daytime Phone #