


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 DEC 11 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000117418

1. Corporation Name
THAI KITCHEN OF BREVARD INC

2. Principal Office Address 1729 N WICKHAM RD		3. Mailing Office Address 486 N HARBOR CITY BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MELBOURNE FL		City & State MELBOURNE FL	
Zip 32935	Country BREVARD	Zip 32935	Country BREVARD

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12/11/06--01039--008 **900.00

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 10/20/03

5. FEI Number 43-2033056

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name STEVE CARUSO


Street Address (P.O. Box Number is Not Acceptable)
486 N HARBOR CITY BLVD

Suite, Apt. #, Etc.

City MELBOURNE

State FL **Zip Code** 32935

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.

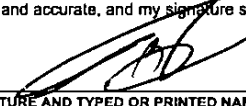
Signature of Registered Agent  **Date** 12/06/06

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
DP	KONGPEACHANIL, KITTITHEAP	1830 GLENNWOOD ST NE	PALM BAY FL 32907

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:  **12-06-04 (321) 254-2283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**