2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					SECOCIALED
DOCU 1. Entity Nam THAI PH		3702			SECRETARY OF STATE DIVISION OF CORPORATIONS 04 NOV -4 PM 3: 07
	·				94 NOV -4 PM 3: 07
Principal Place of Business 3920 67 AVE N PINELLAS PARK, FL 33781		Mailing Address 3920 67 AVE N PINELLAS PARK, FL 33	3781		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10282004 REIN-P CR2E098 (6/04)
City & State		City & State			4. FEI Number Applied For 27 - 00 72 819 Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
PHAM, THAI 3920 67 AVE N PINELLAS PARK, FL 33781			'Street Address ((P.O. Box Number is Not Acceptable)	
PINELLAS	PARK, FL 33/81				
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.					
SIGNATURE					
	E NOW!!! FEE IS \$750.00 nuary 1, 2005, Fee will be \$900.0	0			
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	DP PHAM, THAI	☐ Delete	TITL		☐ Change ☐ Addition
STREET ADDRESS	3920 67 AVE N		STR	EET ADDRESS	400042836084 11/17/0401045007 **150.00
CITY-ST-ZIP	PINELLAS PARK, FL 33781	☐ Delete	TITL	'-ST-ZIP	☐ Change ☐ Addition
NAME		·	AAN		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP	
TITLE		☐ Defete	TITL		☐ Change ☐ Addition
NAME STREET ADDRESS		•	NAA STR	IE EET ADDRESS	·
CITY-ST-ZIP				'- ST - ZIP	
TITLE	مهدان والمحدد المعادي	Delete*	TITL NAA		Change Addition
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				'-ST-ZIP	
TITLE NAME		☐ Delete	TITE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP	
TITLE		☐ Delete	τm	E	☐ Change ☐ Addition
NAME STREET ADDRESS	·		NAN STR	ME EET ADDRESS	
CITY-ST-ZIP				'-ST-ZIP	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNAT	URE: SIGNATURE AND EXPEDITION	PRINTED NAME OF SIGNING OFFICER	OR DIREC	esiden T	11-3-04 727-488-9901 Date Daytime Phone 1

11/15as

COUNTRIC.

BOOKKEEPING SERVICES

Shirley A. Tyler • ENROLLED AGENT CAM. ATA, ATP

(727) 528-8633 (727) 528-8533 FAX (727) 528-8644

Florida Dept. Of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

Document number P0300018702

We are enclosing a card Notice of Dissolution or Revocation for Thai Pham, Inc., 3920 67th Av. North, Pinellas Park, FL 33781-6139, along with a check to you in the amount of \$150.00. This man just incorporated on October 21, 2003 because of the new regulations regarding construction industry. In his corporate papers he indicated that his business would not start operating until January 1, 2004. However, he also indicates to me that he never received any notice of annual report being due until he received the Notice of Dissolution.

We are asking that you accept this check in payment of the 2004 Annual Report fee in view of the above circumstances, and we also ask that you respond favorably as soon as possible, as Thai Pham's new license and request for workers comp exemption is being denied because the corporation is showing as inactive.

Thank you for your immediate attention in this matter.

Sincerely,

T.A.B.S.

Shirley A. Tyler, EA

cc: Thai Pham, Inc.