

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 12 AM 8:26

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



10052006 REIN-P CR2E098 (11/05)

DOCUMENT # P03000122522			
1. Entity Name KHUN-THI, INC.			
Principal Place of Business 32716 US HWY 197 PALM HARBOR, FL 34684		Mailing Address 32716 US HWY 197 PALM HARBOR, FL 34684	
2. Principal Place of Business 32716 US Hwy 197 Suite, Apt. #, etc.		3. Mailing Address 32716 US Hwy 197 Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34684		Country Pinellas	
4. FEI Number 20-0349186		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HETZEL, TARA 35246 US HWY 9 N. #311 PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 634 Green Valley Rd Palm Harbor City FL Zip Code 34683	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>TARA HETZEL</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PONGKEASORN, NARUMON 2584 SADDLEWOOD LN PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080785735 10/12/06--01068--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PUCHITAPONG, AMPAI 2584 SADDLEWOOD LN PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
SIGNATURE: <u>TARA HETZEL</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/09/06 Daytime Phone #	

2010/18