

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 30 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000138502

1. Corporation Name

THAI STAR, INC.

900163183309
11/30/09--01043--014 **300.00

CR2E081 (11/09)
REINSTATEMENT 08-09

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

26251 S TAMiami TRAIL

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip

34135

Country

LEE

3. Mailing Office Address

18340 HEATHER ROAD

Suite, Apt. #, etc.

City & State

FORT MYERS; FL

Zip

33912

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida 10/10/05

5. FEI Number

20-3602714

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

BILL VILAYSACK

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

18340 HEATHER ROAD

Suite, Apt. #, Etc.

City

FORT MYERS, FL

State

FL

Zip Code

33912

☒ 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 X Bill Vilaysack
REGISTERED AGENT MUST SIGN

Date X 11.20.09.

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	BILL VILAYSACK	18340 HEATHER ROAD	FORT MYERS, FL
T,S	VONGPHACHANY VILAYSACK	18340 HEATHER ROAD	FORT MYERS, FL

10. E-mail Address: NA

(To be used for future annual report notification)

11. 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, further certify, 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: X Bill Vilaysack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11.20.09 X 239 992 985

Date

Daytime Phone #