


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

07-08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL -2 PM 3:40

DOCUMENT # P05000165675*	
1. Entity Name LANNA THAI RESTAURANT INC	

Principal Place of Business 10136 US HWY 19 NORTH PORT RICHEY, FL 34668	Mailing Address 10136 US HWY 19 NORTH PORT RICHEY, FL 34668
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 7836 Fashion Loop Suite, Apt. #, etc.
City & State	City & State New Port Richey FL
Zip	Country 34654



06262008 REIN-P CR2E098 (1/07)

4. FEI Number 03-0583132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SENGSAVANG, ANITA 10136 US HWY 19 NORTH PORT RICHEY, FL 34668	7. Name and Address of New Registered Agent Name ANITA SENSAVANG Street Address (P.O. Box Number is Not Acceptable) 7836 Fashion Loop City NEW Port Richey FL Zip Code 34654
--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$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	P SENGSAVANG, ANITA 7836 FASHION LOOP NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300132086623 07/02/08--01031--007 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SENGSAVANG, DENG 7836 FASHION LOOP NEW PORT RICHEY, FL 34654 <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
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
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
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 6/30/08	Daytime Phone # 457-1368
--	-----------------	-----------------------------

7/2 aw