## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P0600000364

Entity Name: SURIYA COMPREHENSIVE THAI SPA INC.

**FILED** Oct 09, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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901 S FEDERAL HIGHWAY #300 110 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33316 SUITE NO. #103-104 HALLANDALE, FL 33009

**Current Mailing Address:** New Mailing Address:

101 N. FEDERAL HIGHWAY 901 S FEDERAL HIGHWAY #300 FORT LAUDERDALE, FL 33316 HALLANDALE, FL 33009

FEI Number: 59-3832536 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOLOMON, MARK 901 S FEDÉRAL HIGHWAY #300 FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE: MARK SOLOMON

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

## **OFFICERS AND DIRECTORS:**

**PVST** 

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VON SINNER, CHDAWAN VON SINNER, CHDAWAN PRESIDE Name: 901 S FEDERAL HIGHWAY #300 110 N. FEDERAL HIGHWAY Address: FORT LAUDERDALE, FL 33316 City-St-Zip: HALLANDALE, FL 33009

Title: Title: ASST (X) Change ( ) Addition () Delete PROMAKUN, PARITHORN ASSISTA Name: VON SINNER, CHDAWAN Name: 901 S FEDERAL HIGHWAY #300 110 N. FEDERAL HIGHWAY Address: Address: FORT LAUDERDALE, FL 33316 HALLANDALE, FL 33009

Title: Title: () Delete ( ) Change (X) Addition Name: PROMKUL, JIRAPORN SPA ATT Name: 110 N. FEDERAL HIGHWAY Address: Address:

City-St-Zip: City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHDAWAN VON SINNER **PRES** 10/09/2006