

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000000364

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: SURIYA COMPREHENSIVE THAI SPA INC.

## Current Principal Place of Business:

101 N FEDERAL HIGHWAY  
HALLANDALE BEACH, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

101 N FEDERAL HIGHWAY  
HALLANDALE BEACH, FL 33009

## New Mailing Address:

FEI Number: 59-3832536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VON SINNER, CHOAWAN  
101 N FEDERAL HIGHWAY  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

VON SINNER, CHDAWAN  
101 N FEDERAL HIGHWAY  
HALLANDALE, FL 33009 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: CHDAWAN VON SINNER

03/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: VON SINNER, CHDAWAN PRESIDE  
Address: 101 N FEDERAL HIGHWAY  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: ASST ( ) Delete  
Name: PROMAKUN, PARITHORN ASSISTA  
Address: 101 N FEDERAL HIGHWAY  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SPA ( ) Delete  
Name: PROMKUL, JIRAPORN SPA ATT  
Address: 101 N FEDERAL HIGHWAY  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MS ( ) Change (X) Addition  
Name: URAI, SIMS SECRETARY  
Address: 101 N FEDERAL HWY  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify 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

03/17/2009

Electronic Signature of Signing Officer or Director

Date