

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000150182

FILED
Oct 08, 2007
Secretary of State

Entity Name: SAWADDEE THAI & SUSHI RESTAURANT INC

Current Principal Place of Business:

3142 WEST NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

3142 WEST NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-5993002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIRUNWORN, APIROM
1295 CRAFTSLAND LANE
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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: APIROM HIRUNWORN

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: P () Delete
Name: HIRUNWORN, APIROM
Address: 1295 CRAFTSLAND LANE
City-St-Zip: PALM BAY, FL 32905

Title: VP () Delete
Name: HIRUNWORN, APINANT
Address: 1295 CRAFTSLAND LANE
City-St-Zip: PALM BAY, FL 32905

Title: S () Delete
Name: GOLDSMITH, ANURAK
Address: 1603 RIVIERA DR NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: HIRUNWORN, APINANT
Address: 4233 COLLINGWOOD DR
City-St-Zip: MELBOURNE, FL 32901

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

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: APIROM HIRUNWORN

Electronic Signature of Signing Officer or Director

PRES

10/08/2007

Date