

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION:

16 JUL 29 PM 2:37

DOCUMENT # P10000013290

1. Corporation Name

TASTY OF LANNA THAI, INC.

700287642837  
07/06/16--01041--003 \*\*750.00

CR2E081 (11/10)

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

4871 PARK ST N

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

ST PETERSBURG, FL

City &amp; State

Zip Country  
33709 US

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/12/10

5. FEI Number

27-1894050

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

THAWIL PUDSONE

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

4871 PARK ST N

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33709

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

Date

7/27/16

REGISTERED AGENT MUST SIGN

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	SOMJIT TEPWONG	4871 PARK ST N	ST PETERSBURG, FL 33709
ST	THAWIL PUDSONE	4871 PARK ST N	ST PETERSBURG, FL 33709

REINSTATEMENT

10. E-mail Address: Stephiong1966@gmail.com

(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., and that all fees owed by the corporation have been paid. I 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/16

Date

(727)434-2231

Daytime Phone #