

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003413

1. Corporation Name

RUENGVISESH INC.

Principal Place of Business

Mailing Address

19230 NW 87 PL
MIAMI FL 33015

19230 NW 87 PL
MIAMI FL 33015



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0393444

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	RUENGVISESH, TANISARA	19230 N.W. 87 PL.	MIAMI FL 33015
DVT	RUENGVISESH, NOI	19230 N.W. 87 PL.	MIAMI FL 33015
			400003083224--6 -12/29/93--01077--013 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

LANGSTADT, OLIVER J
815 PONCE DE LEON
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

GOLDSTEIN, DANIEL A.

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

241 SEVILLA AVENUE

Suite, Apt. #, Etc.

SUITE 805

City

CORAL GABLES

State

FL

Zip Code

33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/8/99

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/99 305-825-7752

Daytime Phone #