# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

05 MAR 30 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003413

1. Entity Name
RUENGVISESH INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 19230 NW 87 PL<br>MIAMI, FL 33015 | 19230 NW 87 PL<br>MIAMI, FL 33015 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 19230 NW 87 PL | 19230 NW 87 PL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, FL | City & State: Miami, FL |
| Zip: 33015 / Country: USA | Zip: 33015 / Country: USA |

03212005 REIN-P CR2E098 (6/04) MRD

4. FEI Number: 65-0393444 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GOLDSTEIN, DANIEL A<br>7750 SW 106 TERRACE<br>MIAMI, FL 33156 | Name: GOLDSTEIN, DANIEL A.<br>Street Address (P.O. Box Number is Not Acceptable): ~~250 Bird Road, Suite 302~~<br>City: Coral Gables FL Zip Code: 33146 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 03-22-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

REINSTATEMENT 04-05

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE: ~~DPS~~ | ☒ Delete | TITLE: DPT | ☐ Change ☒ Addition |
| NAME: RUENGVISESH, TANISARA | | NAME: Chuaindhara, Tasanna | |
| STREET ADDRESS: 19230 N.W. 87 PL. | | STREET ADDRESS: 19230 NW 87 PL | |
| CITY-ST-ZIP: MIAMI, FL 33015 | | CITY-ST-ZIP: Miami, FL 33015 | |
| TITLE: DVT | ☒ Delete | TITLE: DVPS | ☐ Change ☒ Addition |
| NAME: RUENGVISESH, NOI | | NAME: Chuaindhara, Jamie | |
| STREET ADDRESS: 19230 N.W. 87 PL. | | STREET ADDRESS: 19230 NW 87 PL | |
| CITY-ST-ZIP: MIAMI, FL 33015 | | CITY-ST-ZIP: Miami, FL 33015 | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME: 000050751970 | |
| STREET ADDRESS | | STREET ADDRESS: 04/14/05--01017--009 **900.00 | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jamie Chuaindhara 3-22-05 (305)825-7752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #