

Jan-07-99 01:43P

P.03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR <b>95-99</b> REINSTATEMENT	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
99 JAN 20 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014058

1. Corporation Name

SAKSRI CO.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable C/O FREEMAN BUCZYNER GERO		3. New Mailing Office Address, If Applicable C/O FREEMAN BUCZYNER GERO	
Suite, Apt. #, etc. 1 S.E. THIRD AVENUE #2120		Suite, Apt. #, etc. 1 S.E. THIRD AVENUE #2120	
City & State MIAMI, FL 33131		City & State MIAMI, FL	
Zip 33131	Country MIAMI-DADE	Zip 33131	Country MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida 2/18/94	
5. FEI Number 65-0652260	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	SOMSAKDI PRAMOJANEE	1540 BENLIN ROAD	CHERRY HILL, NJ 08003
			000002751810--7 -01/22/99--01098--009 *****8.75 *****8.75
			000002751810--7 -01/22/99--01098--010 ***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name JACQUELINE GERO	
Street Address (P.O. Box Number is Not Acceptable) 1 S.E. THIRD AVENUE	
Suite, Apt. #, Etc. 2120	
City MIAMI	State FL
Zip Code 33131	

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

REGISTERED AGENT MUST SIGN

Date

1/7/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 name 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #