PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

05 MAY 23 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049133

REINSTATEMENT 97605

1. Corporation Name
Thai World Restaurant Incorporated

2. Principal Office Address	3. Mailing Office Address
11262 Pines Blvd	11262 Pines Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, Florida	City & State: Pembroke Pines, Florida
Zip: 33026 Country: US	Zip: 33026 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 06/20/1994

5. FEI Number: 65-0528572 ☐ 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: Keskeaw Tienjaroonkul

Street Address (P.O. Box Number is Not Acceptable): 1906 NW 171 Avenue

Suite, Apt. #, Etc.:

City: Pembroke Pines | State: FL | Zip Code: 33028 (33028)

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: KESKAEW TIENJAROONKUL K. Tienjaroonkul Date:
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
D	Keskeaw Tienjaroonkul	1906 NW 171 Ave	Pembroke Pines, Florida 33026
D	Tankee Tienjaroonkul	1906 NW 171 Ave	Pembroke Pines, Florida 33026

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10. 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: K. Tienjaroonkul 4-15-05 (954)432-4008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #