

ps 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JUL -1 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000050905**

1. Corporation Name  
Old Siam Restaurant, Inc.

2. Principal Office Address  
1716 3rd Street North

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Jacksonville, FL

City & State

Zip  
32250

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 6/28/1995

5. FEI Number  
593326715

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  
Pom Souvannasoth

Street Address (P.O. Box Number is Not Acceptable)  
7956 Monteray Bay Drive

Suite, Apt. #, Etc.

City  
Jacksonville

State  
FL

Zip Code  
32256

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **6-30-05**

**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
P	Pom Souvannasoth	7956 Monteray Bay Dr.	Jacksonville, FL 32256

900056892799  
07/01/05--01038--014 \*\*450.00

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:

*[Signature]* Pom SOUVANNASOTH

02/16/05

904-247-7763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/05)

ps 282

*Pom Souvannasoth  
7956 Monterey Bay Dr.  
Jacksonville, FL 32256*

February 15, 2005

State of Florida  
Division of Corporations  
P.O. 6327  
Tallahassee, FL 32314

Re: Old Siam Restaurant, Inc.  
Document Number: P95000050905  
FEI Number: 593326715

Dear Sir or Madam:

It has come to my attention that Old Siam Restaurant, Inc. was dissolved. I have not received any correspondence requesting the 2003 Annual Report for a Profit Corporation. I also did not receive a reinstatement notice.

Please consider this letter my request for reinstatement of Old Siam Restaurant, Inc. Therefore, I am enclosing a check for \$450.00 for the 2003, 2004 and 2005 Annual Reports and the Corporation Reinstatement form. Thank you for your assistance.

Sincerely,

Pom Souvannasoth  
President

