

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 30 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064508 2001

1. Corporation Name

Phengchanh, Inc

2. Principal Office Address

2771-33 Monument Rd

3. Mailing Office Address

PO BOX 16952

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32225

Country

Duval

Zip

322456952

Country

Duval

REINSTATEMENT 01-02

05-23-01 91186046 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-333113-2

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

Khamson Phengchanh

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

2771-33 monument Road

Suite, Apt. #, Etc.

600005507676-8

-05/14/02--01011--001

City

JACKSONVILLE

State ***750.00

FL

32225

***750.00

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]

Date

3/18/02

REGISTERED AGENT-MUST SIGN

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
Pt, 3, D	Khamson Phengchanh	2244 E Ironstone Drive	JAX, FL 32246
VP	Noudam Phengchanh	7405 South Burlingame Dr	JAX, FL 32211

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Khamson Phengchanh

Date

3/18/02 904-646-1383

Daytime Phone #

CR2E081 (9/01)