

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 10 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/20/01--01028--007
***1050.00 ***1050.00

DOCUMENT # P95000093608

1. Corporation Name

DCAD CORPORATION

2. Principal Office Address

P.O. BOX 609112

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32860

Country

ORANGE

3. Mailing Office Address

P.O. BOX 609112

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32860

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1995

5. FEI Number

65-0625449

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

VIENG LUANGAMATH

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

5001 80th STREET NORTH

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State
FL

Zip Code

33709

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

Vieng Luangamath
REGISTERED AGENT MUST SIGN

Date

7/9/01

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
M	SOPHIA CHITARATH	2140 KORAT LANE	MAITLAND FL. 32751

REINSTATEMENT 99-01 TS

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)(f), 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: Sophia Chitarath

SOPHIA CHITARATH

7/9/01 (407) 415-1903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone #