

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 26 AM 8:41

STATE LAW ENFORCEMENT
TALLAHASSEE, FLORIDA

DOCUMENT # P96000062912

1. Corporation Name

SAM SAHAI INC

2. Principal Office Address - No P.O. Box #

1300 E BAY DR

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1034

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

PALM HARBOR, FL

Zip

33771

Country

USA

Zip

34682

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/25/96

5. FEI Number
593389592

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (6/10)

900186799949
10/18/10--01053--010 **750.00

7. Name and Address of Current Registered Agent

Name

TARA STILL

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

634 GREEN VALLEY RD

Suite, Apt. #, Etc.

G5

City

PALM HARBOR

State

FL

Zip Code

34683

REINSTATEMENT

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

T. Still

Date

10/22/10

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
PD	CHARUNGSINSAP, PREECHA	1300 E BAY DR	LARGO, FL 33771
VD	NITISAPORN, SARAWUT	1300 E BAY DR	LARGO, FL 33771
STD	CHARUNGSINSAP, DAINAYA	1300 E BAY DR	LARGO, FL 33771

10. E-mail Address: baby_bape@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/10

Date

Daytime Phone #