

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
the Florida  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000031625

1. Corporation Name

BAY CAFE THAI, INC.

Principal Place of Business

Mailing Address

3300 N.E. 191ST STREET  
AVENTURA FL 33180

3300 N.E. 191ST STREET  
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/08/1997

5. FEI Number

65-0744452

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KOMOLVASRI, POOMPAKA	922 N.E. 91ST TERRACE	MIAMI SHORES FL 33138
P	KOMOLVASRI, SOMFORN	1641 MCKINLEY ST.	HOLLYWOOD FL 33020
V/M	KOMOLVASRI, TIPPAWAN	1641 MCKINLEY ST.	HOLLYWOOD FL 33020

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOMOLVASRI, POOMPAKA  
3300 N.E. 191ST STREET  
AVENTURA FL 33180

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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

Date

Daytime Phone #

FILED

99 OCT 28 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



5/13/99 90014046 \$150.00

CR2E040 (8/99)

1-03-1981 6:16PM

FROM BRUTTELL TAX SERVICE 9549462264

P. 1

**BAY CAFE THAI, INC**

3300 N.E. 191st Street  
Aventura, Fl 33180

October 19, 1999

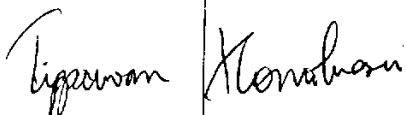
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl 32314

Re: P97000031625

As per our telephone today, I realized the reason for receiving this Reinstatement Form was we did not response the reject letter. Unfortunately, we did not receive your reject letter for not completing the Block 7. Now, I have completed the changes as original filed. Please accept this as the original filing.

Thank you for your assistance and I apologize for the inconvenience which this may cause you.

Sincerely,



Tippawan Komolvasri  
Vice President