

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 24 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056651

1. Corporation Name
MANEE THAI, INC.

Principal Place of Business Mailing Address
7039 WEST BROWARD BLVD.
PLANTATION, FL 33317.

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

2. New Principal Office Address, If Applicable
7039 W. Broward Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc. N/A

City & State
Plantation, FLORIDA

Zip Country
33317 FLA.

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0784028

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	NAPHOL CHAYO	7536 NE 3rd STREET.	PLANTATION, FL 33317.
V.P.	APHAPRON SAKKARAWECH	7039 W. Broward Blvd.	PLANTATION, FL 33317.

1000003230401-5
-05/01/00--01014--002
****900.00 ****900.00

8. Name and Address of Current Registered Agent

APHAPRON SAKKARAWECH
1240 NE 34 COURT.
FT. LAUDERDALE, FL 33334

9. Name and Address of New Registered Agent

Name APHAPRON SAKKARAWECH

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

7039 WEST BROWARD BLVD.

Suite, Apt. #, Etc.

City PLANTATION

State

FL

Zip Code

33317.

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 APHAPRON SAKKARAWECH
REGISTERED AGENT MUST SIGN

Date 4/20/00

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

KE

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 of 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., and that all fees owed by the corporation have been paid. 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: APHAPRON SAKKARAWECH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 (954) 583-5236

Date

Daytime Phone #