

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 AUG 28 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

99800009641

1. Corporation Name

SROIVATTANA NO. 11, INC.

600007453926--7

-08/30/02--01058--004

***1050.00 ***1050.00

2. Principal Office Address

2062 P.B. LAKES BLVD

3. Mailing Office Address

2062 P.B. LAKES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BCH FL

City & State

WPB FL

Zip

33409

Country

USA

Zip

33409

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-12-98

5. FEI Number

65-0875260

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

CHOOKIAT SROIVATTANA

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

2062 PALM BEACH LAKES BLVD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State
FL

Zip Code

33409

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

Chookiat Smith

Date

8/26/02

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
DIP	SROIVATTANA, CHOOKIAT	2062 P.B. LAKES BLVD	WPB FL 33409

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:

Chookiat Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/26/02

Daytime Phone #

(561) 471-7711

CR2E081 (9/01)

gs 8/26/02