

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000096141

1. Corporation Name

SROIVATTANA NO. II, INC.

2. Principal Office Address
2062 Palm Beach Lakes Blvd.

3. Mailing Office Address
2062 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach, Florida

City & State
West Palm Beach, Florida

Zip
33409

Country
USA

Zip
33409

Country
USA

04 APR -8 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

700032112017
04/07/04--01066--018 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida November 12, 1998

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
Sundaree 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

Date

4/2/04

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
D/P	Sundaree Sroivattana	2062 Palm Beach Lakes Blvd.	West Palm Beach, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/04

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