PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 23 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000024267**

1. Corporation Name

DINER & SUSHI THAI, INC.

Principal Place of Business	Mailing Address
134 N FEDERAL HWY HALLANDALE FL 33004	134 N FEDERAL HWY HALLANDALE FL 33004

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: 03/16/1999

5. FEI Number: 65-0902537 ☐ 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	MONGKOLSINDHU, SARASERN	1801 NE 179TH ST	N MIAMI BEACH FL 33162
~~D~~	~~BOONYAVAIROJ, SATHIT~~	~~9120 NW 192 TERR~~	~~MIAMI FL 33018~~
D	JINAPORNPHAYAP, JINTANA	1098 NE 183 ST	N MIAMI BEACH FL 33179
D	MASINTAPAN, NITTAYA	1801 NE 179 ST	N MIAMI BEACH FL 33162

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8. Name and Address of Current Registered Agent

MONGKOLSINDHU, SARASERN
1801 NE 179TH ST
N MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

300160151246 9 1
-08/02/01--01011--012
****900.00 ****900.00

CR2E040 (8/00)

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: SIGNATURE REQUIRED — Date: 07/13/01
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)(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 REQUIRED (SARASERN) MONGKOLSINDHU 07/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #