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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024267

1. Entity Name

DINER & SUSHI THAI, INC

FILED

03 SEP 29 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
134 N Federal Hwy	261 N.W. 16 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale, Fl	City & State: Pompano Beach, Fl
Zip: 33004 Country: USA	Zip: 33060 Country: USA

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4. FEI Number: 65-0902537 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MONGKOLSINDHU, Sarasern

Street Address (P.O. Box Number is Not Acceptable): 1801 N.E. 179 Street

City: North Miami Beach FL Zip Code: 33162

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sarasern Mongkolsindhu 9/25/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MONGKOLSINDHU, Sarasern
STREET ADDRESS	1801 N.E. 179 Street
CITY-ST-ZIP	North Miami Beach, Fl 33162
TITLE	DV
NAME	JINAPORNPHAYAP, Jintana
STREET ADDRESS	1098 N.E. 183 Street
CITY-ST-ZIP	North Miami Beach, Fl 33179
TITLE	D
NAME	MASINTAPAN, Nittaya
STREET ADDRESS	1801 N.E. 179 Street
CITY-ST-ZIP	North Miami Beach, Fl 33162
TITLE	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sarassern Mongkolsindhu, President 9/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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DINER & SUSHI THAI, INC
134 N Federal Hwy
Hallandale, Fl 33004
Telephone: (954) 454-0023

September 25, 2003

Division of Corporation
P. O. Box 6327
Tallahassee, Fl 32314

Re: Reinstatement P99000024267

I have just realized that our corporation annual report was not valid 2003. For some reasons, we did not receive the report.

Enclosed is our 2003 report. Please accept our check in the amount $150.00 as filing fee.

Thank you for your attention.

Sincerely,

Sarasern Mongkolsindhu
President