


CAPITAL CONNECTION

850 222 1222

12/08 '00 15:07 NO.906 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>99000055558</u>					
1. Corporation Name THAI BASIL, INC.					
2. Principal Office Address 2616 Tamiami Trail No.			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Naples, FL			City & State		
Zip 34103	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 6-18-99 SP	
5. FEI Number 59-3584104				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Phetphouva Komphonphakdy					
Street Address (P.O. Box Number is Not Acceptable) 2616 Tamiami Trail North					
Suite, Apt. #, Etc.					
City Naples				State FL	Zip Code 34103
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 <u>Phet Komp</u>				Date <u>12-8-00</u>	
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	
P/D	Phetphouva Komphonphakdy	2616 Tamiami Trail N		Naples, FL 34103	
VP/D	Vann Luangamath	2616 Tamiami Trail N		Naples, FL 34103	
S/T	Phetphouva Komphonphakdy	2616 Tamiami Trail N		Naples, FL 34103	
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: <u>Phet Komp</u>				Date <u>12-8-00</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	