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NGROS STANDARD

TO: Amendment Section

Division of Corporations

•			
NAME OF COR	PORATION:T	(A) BASIL, INC	•
DOCUMENT N	UMBER: P 99	000055556	
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	1083
Please return all c	orrespondence concerning th	is matter to the following:	110-108
		QUCHALA  arme of Contact Person	
	PELICAN BOD	PKKEEPING + TO	AY SVC
	40 BDX 240	/	Russ has
	ES 7500,	Address  FL 33929  ity/ State and Zip Code	Rein Streng!
		ity/ State and Zip Code  AMRK DAOL	con Let him
<del></del>	E-mail address: (to be use	for future annual report notification	I Spole
For further informa	ation concerning this matter.	•	
MARK B.	RUCHALA of Contact Person	at (239) 246 Area Code & Daytime	
Enclosed is a chec	k for the following amount m	ade payable to the Florida Dep	eartment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. <b>B</b> ox 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcie



March 3, 2010

MARK B. RUCHALA PELICAN BOOKKEEPING & TAX SVC PO BOX 245 ESTERO, FL 33929

SUBJECT: THAI BASIL, INC. Ref. Number: P99000055558

We have received your document for THAI BASIL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

PLEASE SIGN PAGE 1 PART D AND RESUBMIT EVERYTHING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Letter Number: 310A00005258

Karen Gibson Document Specialist Supervisor

Division of Cornerations - P.O. ROY 6327 "Tallahassae Florida 32314





February 25, 2010

MARK B RUCHALA P.O. BOX 245 ESTERO, FL 33929

SUBJECT: THAI BASIL, INC. Ref. Number: P99000055558

We have received your document for THAI BASIL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2005 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at the Division of Corporations' website, www.sunbiz.org. Please look for Reinstatement filing in the "E-Filing Services" or "Electronic Filing" menu. There may also be a "blue box" on the Sunbiz homepage entitled "File A Reinstatement Here". You will have the option to pay by credit/debit card; or by check or money order.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Letter Number: 110A00004729

Tracy L Lemieux Regulatory Specialist II

\_\_\_\_\_\_

## Articles of Amendment to Articles of Incorporation of

THAI BASIL	, INC.
(Name of Corporation at currently file	ad with the Florida Dent. of State)
P990000 5	555 <b>5</b> 8
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:
THAN BASI	LE SUSHI, INC. The new
name must be distinguishable and contain the word	d "corporation," "company," or "incorporated" or the tion "Corp," "Inc." or "Co". A professional corporation
B. Eater new principal office address, if applicable;	
(Principal office address MUST BE A STREET ADDR	FORT MY 605 FL 33908
•	
C. Enter new mailing address, if applicable: (Mailing address MAY BB A POST OFFICE BOX	PO BOX 245
·	ESTERO, FL 33929
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
	D LUANGAMETY
·	(Florida street address)
FO PT	City) (Zip Code)
••••	(City) (Zip Code)
· · · · · · · · · · · · · · · · · · ·	am familiar with and accept the opligations of the position.
Signature	of New Registered Ment, if changing

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Title	Name :	Address	Type of Action
<del></del>			Add Remove
			Add Remove
·	——————————————————————————————————————		
	·		
. Ifan a	mendment gravides for an a	xchange, reclassification, or cancells	tion of issued shares.
provisi	mendment gravides for en a ons for implementing the An ot applicable, indicate N/A)		tion of issued shares.
provisi	ons for implementing the an	xchange, reclassification, or cancells	tion of issued shares.
provisi	ons for implementing the an	xchange, reclassification, or cancells	tion of issued shares.

	s! }		
· .	. The	date of each amendment(s) a	doption: 2-16-2010
	EM	ctive date <u>if amplicable</u> :	(dute of adoption is required)
		(no	more than 90 days after amendment file date)
	Ado	pțion of Amendment(s)	(CHECK ONE)
,	Mi	The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	□ 1 "	The amendment(s) was/wore ap- nutt be separately provided for	proved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):
			for the amendment(s) was/were sufficient for approval
		by(vol	ng group)
		The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
•		The amendment(a) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
		Dated 2-1	6-2010
		Signature	for Lucia well rector, president or other officer- if directors or officers have not been
		selected	, by an incorporator — if in the hands of a receiver, trustee, or other court of fiduciary by that ilduciary)
		•	UANN LUMGAMETH
		_	(Typed or printed name of person signing)
			VILE PRESIDENT
		_	(Title of person signing)