

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -5 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055558

1. Corporation Name

Thai Basil, Inc.

2. Principal Office Address - No P.O. Box #

2616 Tamiami Trail, N

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34103

Country

US

3. Mailing Office Address

2616 Tamiami Tr, N

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34103

Country

US

800168243798
02/08/10--01064--001 **1500.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 07/01/1999

5. FEI Number
59-3584104

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 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 Tr, N

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Phet Komp

02-02-10

Date 02/02/2010

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	Phetphouva Komphonphakdy	2616 Tamiami Tr, N	Naples, FL 34103
VP	Vann Luangameth	2616 Tamiami Tr, N	Naples, FL 34103

10. E-mail Address: ruchalamrk@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Phet Komp

02-02-10

02/02/2010 2392628777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #