

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 15 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

P99 000070746

Chok Dee Golee, Inc.

2. Principal Office Address

7005 Twelve Oaks Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

811 S. Howard Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip Country

33634 USA

Zip Country

33606 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug. 10, 1999

5. FEI Number

593594355

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**7. Name and Address of Current Registered Agent**

Name

Teerasak Damrongwatanasuk

Street Address (P.O. Box Number is Not Acceptable)

2206 W Bristol Ave

Suite, Apt. #, Etc.

B

City

Tampa

State  
FL

Zip Code

33606

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

X Teerasak Damrongwatanasuk

REGISTERED AGENT MUST SIGN

Date

X 12-31-02

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

Teerasak Damrongwatanasuk

2206 W. Bristol Ave.  
Apt B

TAMPA FL 33606

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:

Teerasak Damrongwatanasuk (Teerasak Damrongwatanasuk) 11/26/02 813-258-5893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9-01)