

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 DEC 11 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 510257

1. Corporation Name

BANGKOK ORCHIDS, INC

500082443325
12/11/06--01059--007 **900.00

2. Principal Office Address

7333 NW 56TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

US

3. Mailing Office Address

7333 NW 56TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10-22-1990

5. FEI Number

650226955

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PRASATONG, NILCHAVEE

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

7333 NW 56TH ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/05/06

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
PSD	PRASATONG, NILCHAVEE	7333 NW 56TH ST	MIAMI, FL 33166

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/05/06