

APPROVED
AND
FILED

1998 FEB 23 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AYUTHAYA, INC.

Mailing Address

2880 ALT 19 N.
PALM HARBOR FL 34683

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, If Applicable

12/11/1990

Suite, Apt. #, etc.

City & State

Zip _____ Country _____

Zip	Country
-----	---------

6. **CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
0 P	POMRUNG, SORASAK	1000 HAMPTON LN 1394 BURNT OAK ST	PALM HARBOR FL TARPON SPRINGS, FL 34689
VP	POMRUNG, SYAMOL	1394 BURNT OAK ST	TARPON SPRINGS, FL 34689
			100002441831--0 -02/26/98--01087--020 ****750.00 ****750.00
			REINSTATEMENT 07-980 2/26/98
			100002441831--0 -02/26/98--01087--020

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent: *****150.00

POMRUNG, SORASAK
2880 ALT 19 N
PALM HARBOR FL 34683

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/97 (813) 787-0189

Date _____ Daytime Phone # _____

CFR2E040 (8/97)