

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 10 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # J68848**  
 1. Entity Name  
**MARIKO BOUTIQUE INC.**



Principal Place of Business      Mailing Address  
**329 WORTH AVENUE**      **329 WORTH AVENUE**  
**PALM BEACH, FL 33480**      **PALM BEACH, FL 33480**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

10052007    REIN-P      CR2E098 (1/07)

4. FEI Number  
**59-2844721**

Applied For  
 Not Applicable

5. Certificate of Status Desired     **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KIYOKAWA, MARIKO**  
**329 WORTH AVENUE**  
**PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent  
 Name: **Tatsuhide Kiyokawa**  
 Street Address (P.O. Box Number is Not Acceptable):  
**329 Worth Ave**  
 City: **Palm Beach**      **FL**      Zip Code: **33480**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KIYOKAWA, TATSUHIDE</b> <b>329 WORTH AVENUE</b> <b>PALM BEACH, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>000110605630</b> <b>10/10/07--01054--006 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KIYOKAWA, MARIKO</b> <b>329 WORTH AVENUE</b> <b>PALM BEACH, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: \_\_\_\_\_      Date: **10/6/07**      Daytime Phone #: **(561) 655770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

10/11  
aw