

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -1 PM 4: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000021330</b> 1. Entity Name NEKO SUSHI, INC.	
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Principal Place of Business 8357 W FLAGLER PMB 373 MIAMI, FL 33144	Mailing Address 8341 W FLAGLER STREET MIAMI, FL 33144
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip      Country	City & State Zip      Country
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6. Name and Address of Current Registered Agent  KHIN, MYINT 6405 SW 116 PLACE, #A MIAMI, FL 33173  NO MORE USE THIS ADD:	7. Name and Address of New Registered Agent Name: <u>KHIN MYINT</u> Street Address (P.O. Box Number is Not Acceptable): <u>8357 W FLAGLER ST</u> <u>PMB 373</u> City: <u>MIAMI</u> FL      Zip Code: <u>33144</u>
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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:      DATE: 10/27/04

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PD
NAME	KHIN, MYINT	NAME	<u>KHIN, MYINT</u>
STREET ADDRESS	<u>6405 SW 116 PLACE, #A</u>	STREET ADDRESS	<u>8357 W FLAGLER ST</u>
CITY-ST-ZIP	<u>MIAMI, FL 33173</u>	CITY-ST-ZIP	<u>MIAMI, FL 33144</u>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	<u>500042352505</u>
CITY-ST-ZIP		CITY-ST-ZIP	<u>11/01/04--01048--022 **150.00</u>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	<u>500042352505</u>
CITY-ST-ZIP		CITY-ST-ZIP	<u>11/01/04--01048--023 **8.75</u>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:      DATE: 10/27/04      DAYTIME PHONE: 786-289-3679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT

10282004 REIN-P CR2E098 (6/04) 04