


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000007659 1. Entity Name YASAKA USA, INC.	
---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -6 PM 3: 15

Principal Place of Business 3061 SW 47 STREET FTV LAUDERDALE, FL 33312	Mailing Address 3061 SW 47 STREET FTV LAUDERDALE, FL 33312
--	--



2. Principal Place of Business - No P.O. Box # 12525 Orange Drive	3. Mailing Address 12525 Orange Drive
Suite, Apt. #, etc. 703	Suite, Apt. #, etc. 703

01232008 REIN-P CR2E098 (1/07)

City & State Davie, FL	City & State Davie, FL
Zip 33330	Zip 33330
Country Broward	Country Broward

4. FEI Number 20-2155563	Applied For <input type="checkbox"/>
Not Applicable <input checked="" type="checkbox"/>	

5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROMANIELLO, ANTHONY R 3061 SW 47 STREET FTV LAUDERDALE, FL 33312	
7. Name and Address of New Registered Agent Name Anthony Romaniello	
Street Address (P.O. Box Number is Not Acceptable) 12525 Orange Drive #703	
City Davie	State FL
Zip Code 33330	

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: *Anthony Romaniello* (NOTE: Registered Agent signature required when reinstating) DATE: 1/29/08

FILE NOW!!! FEE IS \$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 D	<input type="checkbox"/> Delete NAME ROMANIELLO, ANTHONY R STREET ADDRESS 3061 SW 47 STREET CITY-ST-ZIP FTV LAUDERDALE, FL 33312	TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Anthony Romaniello STREET ADDRESS 3582 Southern Orchard Rd. CITY-ST-ZIP Davie, FL 33328
TITLE D	<input type="checkbox"/> Delete NAME C. CADIZ, MARIA B STREET ADDRESS 19427 N. COQUINA WAY CITY-ST-ZIP WESTON, FL 33332	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Maria Bernardita Cadiz STREET ADDRESS 19427 N. Coquina Way CITY-ST-ZIP Weston, FL 33332
TITLE 	<input type="checkbox"/> Delete NAME 	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Linda Romaniello STREET ADDRESS 3582 Southern Orchard Rd. CITY-ST-ZIP Davie, FL 33328
TITLE 	<input type="checkbox"/> Delete NAME 	REINSTATEMENT 07-08 <i>152/16/x</i>	
TITLE 	<input type="checkbox"/> Delete NAME 	600117245436 02/06/08--01013--009 **600.00	
TITLE 	<input type="checkbox"/> Delete NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME

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 like empowered.

SIGNATURE: *Anthony Romaniello* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/29/08 954-321-6300 Daytime Phone #