PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 29 AM 8:00

DOCUMENT # P04000071000

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REINSTATEMENT 03-04

1. Corporation Name
JAPAN-FLORIDA GROUP, INC.

2. Principal Office Address		3. Mailing Office Address	
4554 S. Semoran Blvd.		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		City & State	
Zip: 32822	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/6/1999

5. FEI Number: 59-3554727 ☐ Applied For ☐ Not Applicable

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

MRD

7. Name and Address of Current Registered Agent

Name: Taylor & Ziegenbein, PA

Street Address (P.O. Box Number is Not Acceptable): 3535 Lawton Road

Suite, Apt. #, Etc.: Suite 115

City: Orlando | State: FL | Zip Code: 32803

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: Paula M Taylor — Date: 3/26/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres.	Minori Kojima	1807 Billingshurst Court	Orlando, FL 32825

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 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: Minori Kojima — 3/26/2004 — 407-281-0775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #