

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 22 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **562024**  
1. Corporation Name  
**NIPPON Sogo Tours, Inc.**

2. Principal Office Address  
**9300 S. Dadeland Blvd**  
Suite, Apt. #, etc. **608 307**  
City & State **Miami, Florida**  
Zip **33156** Country **US**

3. Mailing Office Address  
**8360 W. Flagler St.**  
Suite, Apt. #, etc. **206**  
City & State **Miami, Florida**  
Zip **33144** Country **US**

**REINSTATEMENT 02**

4. Date Incorporated or Qualified To Do Business in Florida **6/25/91**

5. FEI Number **65-0273588** Applied For  Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name **MASAYUKI KON** **C/O MARY GONZALEZ**

Street Address (P.O. Box Number is Not Acceptable) **7525 SW 112 Street**

Suite, Apt. #, Etc.

City **Miami**

**Soto & Gonzalez, C.P.A.'s, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS  
8360 W. Flagler Street, Suite #206  
Miami, Florida 33144  
Ph: (305) 225-1492  
Fax: (305) 225-8502

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept

Signature of Registered Agent **X**  
REGISTERED AGENT MUST SIGN

**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
P	MASAYUKI KON	7525 SW 112 ST.	MIAMI, FL 33156

800009174788  
11/22/02--01074--016 \*\*750.00

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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-19-2002** Daytime Phone #

CR2E081 (9/01)