

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -6 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16929

1. Corporation Name

RYOMO MARUZEN CO., LTD.

800012305588
02/11/03--01011--027 **1358.75

REINSTATEMENT 0-99-03

2. Principal Office Address

1535-12 Tonyamati Ashikaga

Suite, Apt. #, etc.

City & State

Tochigi Pref.

Zip

326-03

Country

Japan

3. Mailing Office Address

1535-12 Tonyamati Ashikaga

Suite, Apt. #, etc.

City & State

Tochigi Pref.

Zip

326-03

Country

Japan

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/23/87

5. FEI Number

58-1761163

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 Bert C. Simon, Esquire

Street Address (P.O. Box Number is Not Acceptable) 1660 Prudential Drive

Suite, Apt. #, Etc. Suite 203

City Jacksonville

State
FL

Zip Code
32207

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

Bert C. Simon
REGISTERED AGENT MUST SIGN

Date 1/17/03

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
PD	Hase, Toshio	1535-12 T. Ashikaga	Tochigi Pref., Japan
STD	Takagishi, Jinichi	1535-12 T. Ashikaga	Tochigi Pref., Japan
D	Hase, Teruo	1535-12 T. Ashikaga	Tochigi Pref., Japan
D	Hase, Mitsuru	1535-12 T. Ashikaga	Tochigi Pref., Japan
D	Hosoya, Yukio	1535-12 T. Ashikaga	Tochigi Pref., Japan
D	Hiromachi, Shigeru	1535-12 T. Ashikaga	Tochigi Pref., Japan

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:

Toshio Hase, President 1/27/2003 Toshio Hase

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/4/03

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<u>9.</u>			
<u>Title</u>	<u>Officers/Directors</u>	<u>Addresses</u>	<u>City/State/Zip</u>
Asst Sec	Robert C. Dillon	1500 Kearns Boulevard Suite 302	Park City, UT 84060