

2017 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 316107

Entity Name: MASON DISTRIBUTORS, INC.**Current Principal Place of Business:**15750 NW 59TH AVENUE
MIAMI LAKES, FL 33014**Current Mailing Address:**15750 NW 59TH AVENUE
MIAMI LAKES, FL 33014**FEI Number:** 59-1260850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:** CHRISTINE KELM

11/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name HONJO, HACHIRO
Address 15750 NW 59TH AVENUE
City-State-Zip: MIAMI LAKES FL 33014

Title D
Name WATANABE, MINORU
Address 15750 NW 59TH AVENUE
City-State-Zip: MIAMI LAKES FL 33014

Title CEO
Name HONJO, YOSUKE J.
Address 15750 NW 59TH AVENUE
City-State-Zip: MIAMI LAKES FL 33014

Title VC
Name HOSHI, KAZUHIRO
Address 15750 NW 59TH AVE
City-State-Zip: MIAMI LAKES FL 33014

Title PRESIDENT
Name PIGOTT, GARY
Address 15750 NW 59TH AVENUE
City-State-Zip: MIAMI LAKES FL 33014

Title EVP
Name GOKARN, VIJAY
Address 15750 NW 59TH AVENUE
City-State-Zip: MIAMI LAKES FL 33014

Title VP, TREASURER
Name KASAGI, SHINSUKE
Address 15750 NW 59TH AVENUE
City-State-Zip: MIAMI LAKES FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHINSUKE KASAGIVICE PRESIDENT,
ADMINISTRATION

11/03/2017

Electronic Signature of Signing Officer/Director Detail

Date