

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

98 NOV 18 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 483043

1. Corporation Name

HOKUSAN INTERNATIONAL USA, INC.

Principal Place of Business

Mailing Address

~~4500 NW 150TH ST~~ HOKUSAN INT'L U.S.A., INC.  
MIAMI FL 33169 16301 N.W. 15TH AVENUE  
MIAMI, FL 33169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
HOKUSAN INT'L U.S.A., INC.  
16301 N.W. 15TH AVENUE  
MIAMI, FL 33169

Suite, Apt. #, etc.  
HOKUSAN INT'L U.S.A., INC.  
16301 N.W. 15TH AVENUE  
MIAMI, FL 33169

Zip Country

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/1975

5. FEI Number

59-1631707

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PTD	GOSHIMA, SADA O	<del>1500 NW 150TH STREET</del> 16301 NW 15TH AVE	MIAMI FL
VPS	HISASHI, TOMIBE	<del>1500 NW 150TH STREET</del> 16301 NW 15TH AVE	MIAMI FL
D	SHINICHI, OYAMA	<del>1500 NW 150TH STREET</del> 16301 NW 15TH AVE	MIAMI FL
S	WHITTELSEY, THOMAS F	<del>1500 NW 150TH STREET</del> 16301 NW 15TH AVE	MIAMI FL
			300002696773--4 -11/25/98--01069--013 ****750.00 ****750.00 11/18

8. Name and Address of Current Registered Agent

PATRICK BARTHET  
200 S. BISCAYNE BLVD SUITE 2120 1800  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**NOT REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98

Date

Daytime Phone #

CR25040 (9/98)