PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 16 AM 8:01

DOCUMENT # F01000001318

1. Corporation Name

J.S.T. SALES AMERICA INC.

Principal Place of Business	Mailing Address
1957 SOUTH LAKESIDE DR. WAUKEGAN IL 60085	1957 SOUTH LAKESIDE DR. WAUKEGAN IL 60085

700018518407
12/16/02-01055-007 **150.00

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.	c/o Masuda, Funai, Eifert & Mitchell, Ltd. Suite, Apt. #, etc. 1701 Golf Road - Suite 800
City & State	City & State Rolling Meadows, IL
Zip / Country	Zip / Country 60008 / U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 03/07/2001

5. FEI Number: 36-4249972 ☐ 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	City / State / Zip 4
CEO D, P	TAKAHASHI, ATSUHIRO	1957 SOUTH LAKESIDE DR.	WAUKEGAN IL 60085
T	YOSHIMURA, ~~MASAEO~~ Masao	1957 SOUTH LAKESIDE DR.	WAUKEGAN IL 60085
D	NISHIMOTO, ~~MIOYKO~~ Miyoko	1957 SOUTH LAKESIDE DR.	WAUKEGAN IL 60085
D	TAKAHASI, ERIKO	1957 SOUTH LAKESIDE DR.	WAUKEGAN IL 60085
S	PROCTOR, STEPHEN M	1701 GOLF RD-STE 800	ROLLING MEADOWS IL 60008
		REINSTATEMENT 07	

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

6/17/03 AV

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 12/6/02

REGISTERED AGENT MUST SIGN

11. 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.

Stephen M. Proctor Secretary

SIGNATURE: SIGNATURE REQUIRED 12-12-02 847-734-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #