

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000003529

1. Entity Name
AMANO CINCINNATI INCORPORATED



FILED

06 JAN 10 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
140 HARRISON AVE.
ROSELAND, NJ 07068

Mailing Address
140 HARRISON AVE.
ROSELAND, NJ 07068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10142005

REIN-P

CR2E098 (6/04)

4. FEI Number
31-1189356

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE CPT ☐ Delete
NAME OKAGAKI, OSAMU
STREET ADDRESS 2409 CROSSING WAY
CITY-ST-ZIP WAYNE, NJ 07470

TITLE VC ☐ Delete
NAME KOMOTO, YASUYOSHI
STREET ADDRESS 275 MAMEDO-CHO, KOHOKU-KU
CITY-ST-ZIP YOKOHAMA, JA

TITLE P ☐ Delete
NAME LEE, MICHAEL
STREET ADDRESS 140 HARRISON AVE
CITY-ST-ZIP ROSELAND, NJ 07068

TITLE CFO ☐ Delete
NAME GALLO, RONALD
STREET ADDRESS 140 HARRISON AVE
CITY-ST-ZIP ROSELAND, NJ 07068

TITLE VP ☐ Delete
NAME HASSA, RAYMOND
STREET ADDRESS 140 HARRISON AVE
CITY-ST-ZIP ROSELAND, NJ 07068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 11/29/05--01059--006 **158.75
STREET ADDRESS 200061756632
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-06

Date

Daytime Phone #