

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000001888

1. Corporation Name

Mitsui Lifestyle (U.S.A.), Inc.

2. Principal Office Address - No P.O. Box #
1114 Avenue of the AmericasSuite, Apt. #, etc.
Suite 2680City & State
New York, NYZip
10036Country
USA

3. Mailing Office Address

1114 Avenue of the Americas

Suite, Apt. #, etc.
Suite 2680City & State
New York, NYZip
10036Country
USA

REINSTATEMENT

CR2E081 (1/07)

0708

4. Date Incorporated or Qualified
To Do Business in Florida 3/24/20055. FEI Number
132679651Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City
PlantationState
FLZip Code
33324☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, do hereby certify and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of
Registered AgentJanet Gerkin
Special Asst. Secretary

Date 8/1/08

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CBOP	Konji Nakajima	1114 Avenue of the Americas	New York, New York 10036
ST	Masao Hayashi	1114 Avenue of the Americas	New York, New York 10036
D	Atsushi Shimada	2-1 Ohremachi, 1-Chome	Chiyoda-Ku Tokyo Japan XX
D	Shinichi Murata	2-1 Ohremachi, 1-Chome	Chiyoda-Ku Tokyo Japan XX
D	Kazuhiko Fukuchi	200 Park Avenue	New York, New York 10166
D	Hiroyuki Kato	200 Park Avenue	New York, New York 10166

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 contained in Chapter 119, 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 SIGNER'S OFFICER OR DIRECTOR

Atsushi Shimada

7/1/08

Date

(212) 878-4288

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT**MITSUI LIFESTYLE (U.S.A.), INC.**

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