2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 19 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000003311

Entity Name
KITAKO JAPANESE STEAK & SEAFOOD, INC.

Principal Place of Business	Mailing Address
4382 BALDWIN, SUITE 625 AUBURN HILLS, MI 48326	4382 BALDWIN, SUITE 625 AUBURN HILLS, MI 48326

2. Principal Place of Business	3. Mailing Address
11401 NW 12 street	11141 Georgia Ave
Suite, Apt. #, etc. E 504	Suite, Apt. #, etc. 214
City & State Miami FL	City & State Wheaton, MD
Zip 33172 Country USA	Zip 20902 Country USA

10162006 REIN-P CR2E098 (11/05)

4. FEI Number
20-1940988
☐ 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
CSC UNITED STATES CORPORATION COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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: Sarah K. Drake — Sarah K. Drake as its agent — DATE: 10/19/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

9. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD KIM, KWANG 4382 BALDWIN, SUITE 625 AUBURN HILLS, MI 48326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 736 NW 129th Place Miami, FL 33182
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD KIM, EUI NAN 4382 BALDWIN, SUITE 625 AUBURN HILLS, MI 48326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 736 NW 129th Place Miami, FL 33182
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500081148496 10/24/06--01022--022 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: KIM KWANG — 10/16/06 — 240-674-3208

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

OCT-19-2006 15:04