

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2009 NOV 30 P 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400163197474

CR2E081 (11/09)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *F06000001428*

1. Corporation Name

*Nippon Kaiji Kyokai Corporation*

2. Principal Office Address - No P.O. Box #

*4-7, K101-CHO*

3. Mailing Office Address

*7284 W Palmetto Park Rd.*

Suite, Apt. #, etc.

*CHIYODA-KU*

Suite, Apt. #, etc.

*Ste 202-S*

City & State

*TOKYO*

City & State

*Boca Raton, FL*

Zip

*102-8567*

Country

*JAPAN*

Zip

*33433*

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*MAR. 6, 2006*

5. FEI Number

*131985589*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*Corporation Service Company*

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

*1201 Hays Street*

Suite, Apt. #, Etc.

City

*Tallahassee*

State

*FL*

Zip Code

*32301*

☒ 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, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *11/30/09*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>GM</i>	<i>Tsutomu Shiotsuki</i>	<i>400 Kelby St.</i>	<i>Fort Lee, NJ 07024</i>
<i>Dputy GM</i>	<i>Stewart S. Lee</i>	<i>400 Kelby St.</i>	<i>Fort Lee, NJ 07024</i>
<i>Mgr.</i>	<i>Satoshi Yoshida</i>	<i>400 Kelby St.</i>	<i>Fort Lee, NJ 07024</i>

REINSTATEMENT  
07-09  
[Signature]

10. E-mail Address: *ny@classnk.or.jp*

(To be used for future annual report notification)

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. I further certify 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*NOV. 23, 2009*

Date

Daytime Phone # *201-944-8021*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 201618 7738371

AUTHORIZATION

COST LIMIT : \$ 192.50

ORDER DATE : November 30, 2009

ORDER TIME : 1:54 PM

ORDER NO. : 201618-005

CUSTOMER NO: 7738371

DOMESTIC FILINGS

NAME: NIPPON KAIJI KYOKAI  
CORPORATION

RECEIVED  
09 NOV 30 PM 4:12  
U.S. DEPT. OF JUSTICE  
FBI - NEW YORK  
FBI - NEW YORK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS \_\_\_\_\_