Florida Department of State

Division of Corporations

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

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
ONKYO U.S.A. CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,500.00

Electronic Filing Menu Corporate Filing Menu Help

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Katie Wonsch NRAI850-224-1640 (2/2) 01/13/2012 10:16:08 AM -0500

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000003296

1. Corporation Name
Onkyo USA Corporation

2. Principal Office Address - No P.O. Box #
18 Ink Way
Suite, Apt. #, etc.
City & State: Upper Saddle River, NJ
Zip: 07458 Country:

3. Mailing Office Address
Suite, Apt. #, etc.
City & State:
Zip: Country:

REINSTATEMENT 07-12
CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 41-2034056 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent
Name: United Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 9200 S. Dadeland Blvd. Ste. 508
Suite, Apt. #, Etc.
City: Miami State: FL Zip Code: 33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.
Signature of Registered Agent: [signature] Date: 1/11/12
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
P	Hiroshi Fujimmi	69 Feldman Ct	Mahwah, NJ 07430
S	Gaku Miki	236 Canterbury Pl	Ridgewood, NJ 07450

10. E-mail Address: MITO.KATSMAN@US.ONKYO.COM
(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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: 12/29/11 (201) 785-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Titles as per conversation with Katie.

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