

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 SEP 30 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F 74038**

1. Corporation Name **Sankyo, Inc**

Principal Place of Business Mailing Address

**3020 N. Federal Hwy
FT. Lauderdale, FL 33306**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		c/o Dan Gls CMA		April 1979	
City & State		2821 N.W. 106th ave		5. FEI Number	
Zip		City & State		59-2194671	
Country		Coral Springs, FL		Applied For	
Zip		33065		Not Applicable	
Country		USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P, T	Nobuyuki Higuchi	3020 N. Federal Highway	FT. Laud. FL 33306
VP, S	Teru Higuchi	3020 N. Federal Hwy	FT. Laud FL 33306
			100003007391--9 -10/06/99--01060--025 ***1200.00 ***1200.00
			100003007391--9 -10/06/99--01060--026 *****8.75 *****8.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Teru Higuchi	
		Street Address (P.O. Box Number is Not Acceptable) 3020 N. Federal Hwy	
		Suite, Apt. #, Etc.	
		City FT Lauderdale	State FL Zip Code 33306

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **Teru Higuchi** Date **8-31-99** **KE**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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]* **Teru Higuchi** V.P. 8-31-99 954-755-5093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR