

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 24 1997 8:00 am
Secretary of State

DOCUMENT # F96000000622

1. Corporation Name

THE SUMITOMO BANK, LIMITED

Principal Place of Business

6-5, KITAHAMA 4-CHOME
CHUO-KU
OSAKA, JAPAN 541
OC

Mailing Address

6-5, KITAHAMA 4-CHOME
CHUO-KU
OSAKA, JAPAN 541
OC

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Robert A. Rabbino, Jr.

Suite, Apt. #, etc. The Sumitomo Bank, Ltd.
277 Park Avenue

City & State

New York, New York

Zip

10172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1996

5. FEI Number

13-5611820

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
LC	YATSUMI, SOTOO	6-5, KITAHAMA 4-CHOME, CHUO-KU	OSAKA, JAPAN 541
VC C	MORIKAWA, TOSHIO	6-5, KITAHAMA 4-CHOME, CHUO-KU	OSAKA, JAPAN 541
DP	USUI, TAKAYUKI	6-5, KITAHAMA 4-CHOME, CHUO-KU	OSAKA, JAPAN 541
DP	OKINO, SADA0	6-5, KITAHAMA 4-CHOME, CHUO-KU	OSAKA, JAPAN 541
D	NISHIKAWA, YOSHIFUMI	6-5, KITAHAMA 4-CHOME, CHUO-KU	OSAKA, JAPAN 541
VP	YOSHIDA, HOROICHI ROBERT BULGER	6-5, KITAHAMA 4-CHOME, CHUO-KU 277 PARK AVENUE	OSAKA, JAPAN 541 NEW YORK, NEW YORK 10172

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

200000358187--2

-11/26/97--01090--019

Suite, Apt. #, Etc.

****750.00 ****750.00

City

State

FL

Zip Code

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

Robert W. Bulger
REGISTERED AGENT MUST SIGN

Date 11-14-97

11. This corporation owes or has paid 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:

Robert W. Bulger Robert W. Bulger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 17 1997
Date

(212) 224-4412
Daytime Phone #

CR2040 (8/97)