

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JUL 28 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001423

1. Corporation Name

SOKKIA CORPORATION

2. Principal Office Address

16900 West 118th Terrace

Suite, Apt. #, etc.

City & State

Olathe, KS

Zip

66061

Country

USA

3. Mailing Office Address

2232 NW 82nd Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33122

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/19/97

5. FEI Number

48-0967955

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

C-T Corporation/ System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Christine M. Eastwine*

Christine M. Eastwine  
Assistant Secretary

Date

7/24/03

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
COB/ D	Hitoshi Ito	260-63, Hase, Atsugi	Kanagawa, Japan 243-0036
P/CEO/D	Eitoku Yamanaka	16900 West 118th Terrace	Olathe, KS 66061
S	Colin Hara	One E. Wacker Drive, Ste. 3200	Chicago, IL 60601
D	Kenichiro Maruyama	260-63, Hase, Atsugi	Kanagawa, Japan 243-0036
D	Tatsushi Ueno	2232 NW 82nd Avenue	Miami, FL 33122

10. 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:

*T. A. Ueno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 8, 2003

Date

(305) 599-4701

Daytime Phone #

CR2E081 (10/02)

2/2

**MASUDA FUNAI  
EIFERT & MITCHELL**  
Attorneys at Law

Sharon A. Bruzek  
(847) 734-8857

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July 23, 2003

Florida Secretary of State  
Division of Corporations  
Reinstatement Division

**Re: Sokkia Corporation**

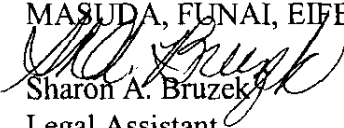
Dear Sir or Madam:

Please be advised that your office revoked the above corporation's qualification in October, 2002. Sokkia Corporation has advised us that it never received an annual report from the Florida Secretary of State for the year 2002 and is requesting that you reinstate the corporation and waive your fee in this regard.

Thank you for your consideration to this request. Please contact us at (847) 734-8857 if you have any questions.

Very truly yours,

MASUDA, FUNAI, EIFERT & MITCHELL, LTD.

  
Sharon A. Bruzek  
Legal Assistant  
for Colin Hara

Enclosure

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