

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 11 PM 2:05

DOCUMENT # F99000001093

1. Corporation Name

Shibuya Hoppmann Corporation
(formerly Hoppmann Corporation)

name change
request submitted

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

13129 Airpark Drive

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

City & State

Elkwood VA

City & State

Zip

22718

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/1999

5. FEI Number

94-0600112

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 Nays 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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres

Date 12/7/2007

REGISTERED AGENT MUST SIGN

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
Pres.	<u>Mark Flanagan</u>	<u>13129 Airpark Dr., Ste 120</u>	<u>Elkwood VA 22718</u>
Exec.VP	<u>Kazuhiro Miyamae</u>	<u>13129 Airpark Dr., Ste 120</u>	<u>Elkwood VA 22718</u>
EVP	<u>Yoshi</u>	<u>13129 Airpark Dr., Ste 120</u>	<u>Elkwood VA 22718</u>
EVP	<u>Michael East</u>	<u>13129 Airpark Dr., Ste 120</u>	<u>Elkwood VA 22718</u>
EVP	<u>Gary Marsh</u>	<u>13129 Airpark Dr., Ste 120</u>	<u>Elkwood VA 22718</u>
VP	<u>Mananne Shuker</u>	<u>13129 Airpark Dr., Ste 120</u>	<u>Elkwood VA 22718</u>

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 contained in Chapter 119, 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: Mark Flanagan Mark Flanagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/07
Date

540-829-4721
Daytime Phone #