

TOTAL P.03

APPLICATION FOR REINSTATEMENT



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

FILED  
99 SEP -3 AM 10: 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K12171

1 Corporation Name

A-1 CORPORATION OF AMERICA

Principal Place of Business

MIAMI DADE County,  
Florida

Mailing Address

1717 N. Bayshore Dr.  
Suite 127  
MIAMI, FLA 33132

REINSTATEMENT 97-99

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, if Applicable

3 New Mailing Address, if Applicable

4 Date Incorporated or Qualified To Do Business in Florida

1/19/88

SD

State Apt. #, etc.

State Apt. #, etc.

5 FEI Number

65-0230027

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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
PVP	OTSUKI, ISAMU 2-6-27		
	KATSUFADAI - MIAMI YACHUO		
	Chiba 276		
	JAPAN		

700002982897--0  
09/09/99--01076--006  
\*\*\*1060.00 \*\*\*1050.00

8 Name and Address of Current Registered Agent

Miyagi, Mickey  
14532 SW 147 CT.  
MIAMI, FLA 33196

9 Name and Address of New Registered Agent

Name: DENNIS R. BEDARD  
Street Address (P.O. Box Number is Not Acceptable): 1717 N. BAYSHORE DR  
Suite, Apt. #, Etc: 102  
City: MIAMI State: FL Zip Code: 33132

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]

REGISTERED AGENT MUST SIGN

Date

9/2/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

09/02/99

(305) 577-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

P.03/03

EMPIRE CORP

SEP-01-1999 16:52