

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K36634

1. Corporation Name

Akira Trading Company Inc

2. Principal Office Address

2281 W 205 Street

Suite, Apt. #, etc.

Unit 103

City & State

Torrance CA

Zip

90501

Country

USA

3. Mailing Office Address

2281 W 205 Street

Suite, Apt. #, etc.

Unit 103

City & State

Torrance CA

Zip

90501

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1988

5. FEI Number

65-0114683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
06 APR 21 PM 4:45

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05/05/06--01030--019 **1200.00

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Misty L. Weinger, CPA

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

4010 Sheridan Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

REINSTATEMENT 03-06

B 4/25/06

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

Misty L. Weinger

REGISTERED AGENT MUST SIGN

Date

4/13/06

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
P.D.	Chu-Ming Wu	2281 W 205 Street #103	Torrance /CA/90501

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:

Chu-Ming Wu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/06 (310) 618-8165

Daytime Phone #