

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 30 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K94978

1. Corporation Name

TOYOSHA USA, INC.

Principal Place of Business

Mailing Address

% PENINSULA REGISTERED AGENTS, INC
200 S.BISCAYNE BLVD., #4874
MIAMI FL 33131

% PENINSULA REGISTERED AGENTS, INC
200 S.BISCAYNE BLVD., #4874
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

40 MR. SUSUM KAMEI

Suite, Apt. #, etc.

1717 N. BAYSHORE DRIVE #4157

City & State

MIAMI, FLORIDA

Zip

33132

Country

USA

3. New Mailing Office Address, If Applicable

M. TACHIBANA, CPA

Suite, Apt. #, etc.

1000 QUAYSIDE TERR #1608

City & State

MIAMI, FLORIDA

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1989

5. FEI Number

65-0188684

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DPST	KAMEI, SUSUMU	1717 N. BAYSHORE DR	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS, INC
200 S. BISCAYNE BLVD.
MIAMI FL 33131

Name

M. TACHIBANA, CPA

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

1000 QUAYSIDE TERR.

Suite, Apt. #, Etc.

1608

City

MIAMI

State

FL

Zip Code

33138

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

M. Tachibana M. TACHIBANA, CPA

REGISTERED AGENT MUST SIGN

Date 11/26/98

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:

M. Tachibana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

26/11/1998

CR25040 (9/98)