

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 27 PM 3:33

WL  
09/17/04

DOCUMENT # L00000000328

1. Limited Liability Company's Name

NIKKEI, L.L.C.

**REINSTATEMENT** 2003-2004

2. Principal Office Address

10455 NW 41 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2220 NW 82 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33178

Country

USA

Zip

33122

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

01/10/2000

6. FEI Number

65-0971867

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

HARADA, HIROSHI

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

6425 NW 109 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178-3704

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

7/31/04

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HARADA, HIROSHI	6425 NW 109 AVE	MIAMI, FL 33178

100040543661

08/27/04--01009--001 \*\*200.00

**REINSTATEMENT** 2003-2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

Date

7/31/04

Daytime Phone # 305-718-9968

Typed or printed name of signing Managing Member/Manager HIROSHI HARADA

CR2E041 (10/02)