

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 FEB 11 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00096**

1. Corporation Name

JAPANESE VILLAGE INC.

Principal Place of Business

**3062 SHIPPING AVE
C. GROVE, FL 33133 US**

Mailing Address

**700 SE 3rd AVE
FT. LAUDERDALE, FL 33301**

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

2. New Principal Office Address, If Applicable
3390 MARY ST.

Suite, Apt. #, etc.
Suite 238

City & State
COCONUT GROVE, FL

Zip
33133 Country **U.S.A.**

3. New Mailing Office Address, If Applicable

2823 DAY AVE

Suite, Apt. #, etc.

City & State
COCONUT GROVE, FL

Zip
33133 Country **U.S.A.**

4. Date Incorporated or Qualified
To Do Business in Florida

7/5/89

5. FEI Number

65-0148324

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	MICHIO KUBO	2823 DAY AVE	C. GROVE, FL 33133
SECRET	MAYUMI KUBO	2823 DAY AVE	C. GROVE, FL 33133

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REINSTATEMENT

97-98

SC 2-11-98

8. Name and Address of Current Registered Agent

**MICHAEL R. CASEY
700 S.E. THIRD AVE
SUITE 404
FT. LAUDERDALE, FL 33301 U.S.**

9. Name and Address of New Registered Agent

Name
G. DENNIS ROSE
Street Address (P.O. Box Number is Not Acceptable)
1450 MADRUGA AVE
Suite, Apt. #, Etc.
SUITE 200
City
CORAL GABLES State **FL** Zip Code **33146**

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

REGISTERED AGENT MUST SIGN

Date **1/20/98**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHIO KUBO, PRESIDENT/DIRECTOR

1/20/98

Date

(305) 445-086

Daytime Phone #

CR2E040 (12/96)



ACCOUNT NO. : 072100000032

REFERENCE : 702549 7123683

AUTHORIZATION :

Patricia Pizub

COST LIMIT : \$ 900.00

ORDER DATE : February 11, 1998

ORDER TIME : 11:33 AM

ORDER NO. : 702549-005

CUSTOMER NO: 7123683

CUSTOMER: Dennis Rose, Esq
Dennis Rose, P.a.
Suite 200
1450 Madruga Avenue
Miami, FL 33146

DOMESTIC FILINGS

NAME: JAPANESE VILLAGE INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____

RECEIVED
98 FEB 11 PM 12:23
DIVISION OF CORPORATION