

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -7 AM 9:15

DOCUMENT #

1. Limited Liability Company's Name
Hikari Studio, LLC

L02000033570

2. Principal Office Address

1756 North Bayshore Dr.

Suite, Apt. #, etc.

#9D

City & State

Miami, FL

Zip

33132

Country

Dade

3. Mailing Office Address

1756 North Bayshore Dr.

Suite, Apt. #, etc.

#9D

City & State

Miami, FL

Zip

33132

Country

Dade

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

12/13/02

6. FEI Number

☒ 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

Albert Gonzalez

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

1756 North Bayshore Dr.

Suite, Apt. #, Etc.

#9D

City

Miami

State

FL

Zip Code

33132

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

REGISTERED AGENT MUST SIGN

Date 08/30/05

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
VP	Meiko Gonzalez Mizuno	1756 North Bayshore Dr. #9D	Miami, FL 33132

REINSTATEMENT 03-05

500059813655
09/21/05--01016--004 **250.00

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 08/30/05

Daytime Phone# 305-216-4107

Typed or printed name of signing Managing Member/Manager

Meiko G. Mizuno

CR2E041 (10/02)