

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 JAN -7 PM 12:58

SECRETARY OF STATE
FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000127059

1. Limited Liability Company's Name

Yokoyama Enterprises, L.L.C.

000255358990

01/07/14--01012--010 **382.50

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #

55 Velma Street

3. Mailing Office Address

55 Velma Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33770

Country

USA

Zip

33770

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

12/24/2007

6. FEI Number

331214884

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

Diane Shea Williams, Esq.

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

204 - 37th Avenue North

Suite, Apt. #, Etc.

Suite 315

City

St. Petersburg

State

FL

Zip Code

33704

E-mail Address:

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent /S/ Diane Shea Williams

01/07/2014

Date

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

| Titles AMBR/MGR | Name of Authorized Person | Street Address of Each Authorized Person | City / State / Zip |
|--------------------|---------------------------|--|--------------------|
| MGR | Alan Dale Yokoyama | 55 Velma Drive | Largo, FL 33770 |
| | | | |
| | | | |
| | | | |
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11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of
Authorized Person

Alan Dale Yokoyama

Date 1/6/14

Daytime Phone # 727-588-9021

Typed or printed name of signing Authorized Person