

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 12 AM 8:37

CLERK OF STATE
TALLAHASSEE, FLORIDA

200088906242
02/21/07--01028--026 **1200.00

CR2E081 (1/07)

DOCUMENT # M34968

1. Corporation Name

Daiso One Corp.

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

4200 NW 16 St

3. Mailing Office Address

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

City & State

Kauai Hill, FL

City & State

Zip

33313

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/1986

5. FEI Number

59-2779660

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kuz D. Gonzalez Le Cordova

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

4200 NW 16 St

Suite, Apt. #, Etc.

600

City

Kauai Hill

State

FL

Zip Code

33313

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kuz D. Gonzalez Le Cordova Date 2-6-07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P SD	Kuz D. Gonzalez Le Cordova	Same as in 7.	Same as in 7.

10. 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 contained in Chapter 119, 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:

Kuz D. Gonzalez Le Cordova 2-6-07 9544846009.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 2/15