

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B 122

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -2 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M7239P

1. Corporation Name

EAST ON THE WEST SIDE, INC

1100 PACKER STREET
1100 PACKER STREET

2. Principal Office Address

1100 PACKER STREET

3. Mailing Office Address

1100 PACKER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST, FLORIDA

City & State

KEY WEST, FLORIDA

Zip

33040

Country

USA

Zip

33040

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/11/1998

5. FEI Number
65-0052169

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

MASAFUMI YOSHIMOTO

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

1100 PACKER STREET

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

M. F. Yoshimoto

REGISTERED AGENT MUST SIGN

Date

7/30/04

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
D/P	MASAFUMI YOSHIMOTO	1100 PACKER STREET	KEY WEST, FL 33040

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 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:

M. F. Yoshimoto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MASAFUMI YOSHIMOTO 76904 305-923-1128

CR2001 (01/04)

SAUNDERS & COMPANY, PL

CERTIFIED PUBLIC ACCOUNTANTS

PS 282

July 26, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: East on the West Side, Inc.
Document #M72398

To Whom It May Concern:

We are writing in regards to the attached Application for Corporate Reinstatement for the above referenced corporate entity. We have previously (7/6/04) submitted a check for \$750.00 to cover the reinstatement fees.

We respectfully request abatement of any penalties for late filing of the Corporate Annual Reports for this entity. The owners of the business never received the annual renewal forms during the years in question. We have changed the addresses to the correct mailing ones on the revised, enclosed, Corporate Reinstatement application.

If you should have any questions, please contact me immediately.

Sincerely,



Kris Kolpin, CPA
Saunders & Company, P.L.

201 FRONT STREET - BLDG 21 • SUITE 109 •
KEY WEST, FLORIDA 33040
PHONE: 305-294-5505 • FAX: 305-294-1011