

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

M87597

1. Corporation Name

SJS America, Inc.

96-97

97 DEC 22 PM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

110 Dent Dr.  
Cartersville, GA 30121

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

110 Dent Dr.

Suite, Apt. #, etc.

City & State

Cartersville, GA

Zip

30121

County

Bartow

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/89

5. FEI Number

59-2907079

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	Yasuo Masuda	International Div. 4-4 Nishitenma 2-Chome	Kita-Ku Osaka, Japan
V-Chairman	Toshiaki Hirose	Same	Same
Pres.	J.W.M. (Han) Stickema	Same	Same
VP	Sadao Fukushima	110 Dent Dr. <del>Cartersville</del>	Cartersville, GA 30121
Sec.	Alan J. Newirth	101 Park Av.	NY, NY 10178-0060
			800002303628-3
			-12/26/97-01089-003
			***915.00 ***915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Ben Cornelius

Street Address (P.O. Box Number is Not Acceptable)  
4496 Southside Blvd.

Suite, Apt. #, Etc.

Suite 200

City Jacksonville

State Zip Code

FL 32216

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

BA Ameli

REGISTERED AGENT MUST SIGN

Date 12/17/97

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:

Sadao Fukushima

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-97 770-386-8837

Date

Daytime Phone #

CP-2540 (12-95)