

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2005 JUL 18 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97992

1. Corporation Name
TAKARA, INC.

2. Principal Office Address
890 Washington Avenue

Suite, Apt. #, etc.

City & State
Miami Beach, Florida

Zip
33139

Country
MIAMI-DADE

3. Mailing Office Address
346 N.E. 93rd Street

Suite, Apt. #, etc.

City & State
Miami Shores, Florida

Zip
33138

Country
MIAMI-DADE

REINSTATEMENT

98-05

4. Date Incorporated or Qualified
To Do Business in Florida 09/01/1988

5. FEI Number
65-0077328

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
HIROMI TAKARADA

Street Address (P.O. Box Number is Not Acceptable)
346 NE 93 STREET

Suite, Apt. #, Etc.

City
MIAMI SHORES

State Zip Code
FL 33138

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

REGISTERED AGENT MUST SIGN

Date 07/13/2005

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	HIROMI TAKARADA	346 NE 93 STREET	MIAMI SHORES, FL 33138

600057615136
07/18/05--01071--002 **1800.00

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:

HIROMI TAKARADA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/13/2005

Date

(305) 895 4000

Daytime Phone #

CR2E081 (01/05)

712-1000