

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

FILED
Mar 11, 2002 8:00 am
Secretary of State

**APPLICATION
 FOR
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P00000038426

1. Corporation Name

KAZUYO, INC.

Principal Place of Business

**4852 CYPRESS WOODS DRIVE #232
 ORLANDO FL 32811**

Mailing Address

**4852 CYPRESS WOODS DRIVE #232
 ORLANDO FL 32811**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 01-02

4. Date Incorporated or Qualified
 To Do Business in Florida

04/10/2000

5. FEI Number

59-3650640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 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	4 City / State / Zip
D	ITO, KAZUYO	4852 CYPRESS WOODS DRIVE #232	ORLANDO FL 32811
			600005139986--7 -03/22/02--01002--026 ****150.00 ****150.00
			600005139986--7 -03/22/02--01002--027 ****750.00 ****750.00
			1/29/02

8. Name and Address of Current Registered Agent

**ITO, KAZUYO
 4852 CYPRESS WOODS DRIVE #232
 ORLANDO FL 32811**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

1/29/02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

和代 Kazuyo Ito

1/17/02

CR2E040 (8/01)