PLEASE READ ALL INSTRUC[illegible] BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -5 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P00000090994**

1. Corporation Name

ANKAI JAPANESE RESTAURANT, INC.

REINSTATEMENT 07

900025969649
01/05/04--01017--010 **750.00

Principal Place of Business	Mailing Address
9029 GREEN MEADOWS WAY PALM BEACH GARDENS FL 33418	9029 GREEN MEADOWS WAY PALM BEACH GARDENS FL 33418

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/25/2000

5. FEI Number: 65-1044608 — ☑ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDS	ANKAI, KEIJI	9029 GREEN MEADOWS WAY	PALM BEACH GARDENS FL 33418
VTD	ANKAI, ANNA	9029 GREEN MEADOWS WAY	PALM BEACH GARDENS FL 33418

8. Name and Address of Current Registered Agent

ANKAI, ANNA
9029 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418

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

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] — REGISTERED AGENT MUST SIGN — Date: 12-24-03

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] Anna Tatsuko Ankai — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12-24-03 Date — 772 344 0464 Daytime Phone #