

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000095733

1. Corporation Name

UTAMARO, INC.

Principal Place of Business

474 JOHN RINGLING BLVD
SARASOTA FL 34236

Mailing Address

474 JOHN RINGLING BLVD
SARASOTA FL 34236



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2000

5. FEI Number

65-1046909

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
P	NOBUYOSHI, TSOKIYAMA	474 JOHN RINGLING BLVD	SARASOTA FL 34236

600009053276

11/18/02--01084--017 **150.00

8. Name and Address of Current Registered Agent

TSUKIYAMA, NOBUYOSHI
8910 OLDE HICKORY AVE
SARASOTA FL 34238-3331

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 (8/02)

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

November 13, 2002

Dear Sir / Madam:

Please be advised that Mr. Nobyoshi just received the application for reinstatement and was not aware of receiving any of the previous forms.

The Toppo is in the restaurant business and is only open in the evenings, so that the mail is delivered early in the day and sits in the mailbox until they arrive in the late afternoon.

They have had trouble with this in the past and if he had received the original one in May, he would have paid it.

The additional fee to reinstate the corporation would cause an economic hardship, so we ask that the attached \$150 check be accepted to keep the status current.

Thank you for your cooperation in this matter

Simone
Tung Oh

