

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 24 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000115996100
01/24/08--01029--017 **450.00

DOCUMENT # P01000015824

1. Corporation Name

JAPAN FOOD CORPORATION

2. Principal Office Address - No P.O. Box #

17150 COLLINS AVENUE

Suite, Apt. #, etc.

STE 105/210

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

3. Mailing Office Address

17150 COLLINS AVENUE

Suite, Apt. #, etc.

STE 105/210

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

REINSTATEMENT ⁰⁶⁻⁰⁸

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/2001

5. FEI Number

65-113621

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

VOSKOBOYNIK, MICHAEL

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

17150 COLLINS AVENUE

Suite, Apt. #, Etc.

STE 105/210

City

SUNNY ISLES BEACH, FL

State

FL

Zip Code

33160

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Michael Vosko
REGISTERED AGENT MUST SIGN

Date 01/15/2008

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
PD	VOSKOBOYNIK, MICHAEL	17150 COLLINS AVENUE	SUNNY ISLES BEACH, FL 33160

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 contained in Chapter 119, 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:

Michael Vosko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL VOSKOBOYNIK

01/15/2008

305-895-5815

Date

Daytime Phone #