

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P01000015824**

1. Corporation Name

JAPAN FOOD CORPORATION

Principal Place of Business

17150 COLLINS AVE STE 105/242
SUNNY ISLES BEACH FL 33160

Mailing Address

17150 COLLINS AVE STE 105/242
SUNNY ISLES BEACH FL 33160

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

02/12/2001

5. FEI Number

65-1136321

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
PD	VOSKOBOYNIK, MICHAEL	37150 COLLINS AVENUE	SUNNY ISLES FL 33160

000024189370
10/28/03--01016--018 **150.00

10/31

8. Name and Address of Current Registered Agent

VOSKOBOYNIK, MICHAEL
17150 COLLINS AVE STE 105/242
SUNNY ISLES BEACH FL 33160

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. or 617.0505, F.S.

Signature of
Registered Agent

Michael Vos

REGISTERED AGENT MUST SIGN

Date

10/22/03

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:

Michael Vos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03

Daytime Phone #

CR2E040 (7/03)

Accounting Office
KIM MARKS, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT
11900 Biscayne Boulevard - Suite 290
North Miami, Florida 33181-2726

Toll Free USA: 888-895-5815
Internet: KimCPA@ix.netcom.com

Tel: (305) 895-5815
Fax: (305) 895-6273

October 23, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 6327
Tallahassee, FL 32314-6327

Re: JAPAN FOOD CORPORATION P0100015824
UBR 2003

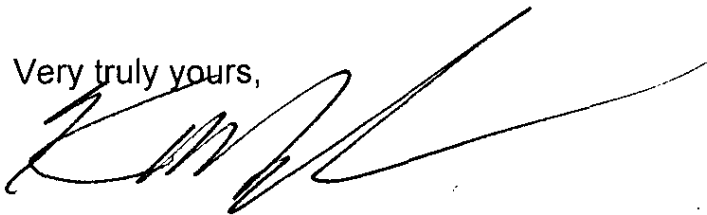
Enclosed please find a check in the amount of \$150.00 for renewal of the corporation.

The owner never received any prior notice or filings until she checked her status on the Internet and then received the Notice of dissolution.

We respectfully request that you abate the late filing penalty and adjust any other penalty and interest accrued to the taxpayer.

Thanking you in advance for your kind and prompt attention in this matter, I remain,

Very truly yours,

A handwritten signature in black ink, appearing to be 'Kim Marks', written over a horizontal line.

Kim Marks, CPA