

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000046305

1. Corporation Name

RB INNAMI, INC.

Principal Place of Business

Mailing Address

~~915 KERSFIELD CIRCLE~~
~~HEATHROW FL 32746~~

~~915 KERSFIELD CIRCLE~~
~~HEATHROW FL 32746~~

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

2. New Principal Office Address, If Applicable

3801 W. LK. MARY BLVD
Suite, Apt. #, etc.

SUITE 123

City & State

LAKE MARY FL 32746

Zip

32746

Country

SEMINOLE

3. New Mailing Office Address, If Applicable

3801 W. LK MARY BLVD
Suite, Apt. #, etc.

SUITE 123

City & State

LAKE MARY FL

Zip

32746

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/2001

5. FEI Number

59-3717061

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	INNAMI, REBECCA B	915 KERSFIELD CIRCLE	HEATHROW FL 32746
VTD	INNAMI, TAKAAKI	915 KERSFIELD CIRCLE	HEATHROW FL 32746
VSD	INNAMI, MASASHI	915 KERSFIELD CIRCLE	HEATHROW FL 32746

700008868807
11/07/02--01057--015 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

10/22/12 407 805 9929
Date Daytime Phone #

CR2040 (8/02)

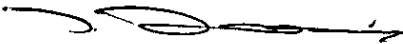
SUMO JAPANESE CAFE
3801 WEST LAKE MARY BLVD
LAKE MARY FL 32746
407-302-6555

2012

TO FLORIDA DEPARTMENT OF STATE,

RECENTLY, RB INNAMI, INC. RECEIVED THE NOTICE OF ADMINISTRATIVE DISSOLUTION AND OR REVOCATION IN MAIL. DUE TO THE CHANGE IN OUR ADDRESS AND CHANGE IN OUR REGISTERED AGENT, WE DID NOT RECEIVE ANY PRIOR NOTICE FROM DEPARTMENT OF STATE. ENCLOSED ARE THE 2002 CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT, AND A CHECK FOR THE AMOUNT OF ONE HUNDRED FIFTY DOLLARS, WHICH IS THE FIGURE GIVEN BY US FROM CALLING THE TELEPHONE NUMBER GIVEN ON THE BACK OF THE FORM. PLEASE REINSTATE THE CORPORATION AS SOON AS POSSIBLE. IF THERE IS ANY MORE INFORMATION YOU REQUIRE, PLEASE CALL 407 302 6555 OR 407 221 1467.

THANK YOU.



TAKAAKI INNAMI
VICE PRESIDENT