

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P01000056312

1. Corporation Name

KENTREE USA, INC.

Principal Place of Business

6423 COLLINS AVE #903
MIAMI BEACH FL 33141

Mailing Address

6423 COLLINS AVE #903
MIAMI BEACH FL 33141

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

06/04/2001

5. FEI Number

65-1111174

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
D	MIZOROGI, MASAKO	6423 COLLINS AVE #903	MIAMI BEACH FL 33141

800008626258

10/28/02--01087--008 **150.00

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8. Name and Address of Current Registered Agent

MIZOROGI, MASAKO
6423 COLLINS AVE #903
MIAMI BEACH FL 33141

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

Masako Mizorogi SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

Masako Mizorogi SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Masako Mizorogi 10/23/02 305-865-5868
Date Daytime Phone #

Dear Sirs:

October 23, 2002

I, Masako Mizorogi, the owner of Kentree USA, Inc, received the Notice of Administrative Dissolution or Revocation. I did not get a previous notice. I want to reinstate this Company. I enclose \$150 check for reinstatement for Kentree USA, Inc. Thank you for understanding my situation.

Masako Mizorogi
(Owner of Kentree USA, Inc.)