


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<p>FILED</p> <p>07 SEP 10 AM 9:49</p> <p>CLERK OF THE COURT TALLAHASSEE, FLORIDA</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">REINSTATEMENT <u>05-07</u></div> <p>CR2E081 (1/07) <i>[Signature]</i></p>	
DOCUMENT # P01000079655			
1. Corporation Name Doremi USA, Inc.			
2. Principal Office Address - No P.O. Box # 7596 St. Stephens Cr Suite, Apt. #, etc.		3. Mailing Office Address 5036 Dr. Phillips Blvd Suite, Apt. #, etc. #288	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32835	Country Orange	Zip 32819	Country Orange
7. Name and Address of Current Registered Agent			
Name Keith Altizer, CPA			
Street Address (P.O. Box Number is Not Acceptable) 431 East Horatio Ave., Suite 300			
Suite, Apt. #, Etc.			
City Maitland		State FL	Zip Code 32751
4. Date Incorporated or Qualified To Do Business in Florida 08/09/2001			
5. FEI Number 59-3735837		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<input checked="" type="checkbox"/> 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 <i>[Signature]</i>		Date 8/31/07	
REGISTERED AGENT MUST SIGN			
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
Pres	Yohei Mase	7596 St. Stephens Cr.	Orlando, FL 32835
<div style="border: 1px solid black; padding: 5px; display: inline-block;">100109268701 09/10/07--01041--002 **458.75</div>			
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: <i>[Signature]</i> Yohei Mase		8/31/07 407-295-1841	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #