

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 18 AM 8:00

DOCUMENT # P0100000 79655
1. Corporation Name
DOREMI USA, INC.

REINSTATEMENT 03

200024795562
11/18/03 --01020--003 **750.00

MRS

| | | | |
|--|----------------|--|----------------|
| 2. Principal Office Address 7596 SAINT STEPHENS CT. | | 3. Mailing Office Address 5036 DR. PHILLIPS BLVD. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. # 288 | |
| City & State ORLANDO, FL | | City & State ORLANDO, FL | |
| Zip 32835 | Country USA | Zip 32819 | Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 08/09/2001

5. FEI Number 593735837
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
PETER C. PAPPAS

Street Address (P.O. Box Number is Not Acceptable)
225 E. ROBINSON STREET

Suite, Apt. #, Etc.
SUITE 540

City
ORLANDO

State
FL

Zip Code
32801

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

Date 11/11/03

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 |
|--------|-----------------------------------|--|--------------------|
| D | MASE, YOHEI | 7596 SAINT STEPHENS CT. | ORLANDO, FL 32835 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/03

Daytime Phone #

407
295-8841

CR20081 (10/02)