

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA-DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV 18 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085682

1. Corporation Name

KIRIN SUSHI JAPANESE RESTAURANT, INC.

Principal Place of Business

10339 ROYAL PALM BOULEVARD
CORAL SPRINGS FL 33071

Mailing Address

10339 ROYAL PALM BOULEVARD
CORAL SPRINGS FL 33071

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/2001

5. FEI Number

65-1133945

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	THACH, SORIDA	3470 S W 2ND COURT	DEERFIELD BEACH FL 33442
VSD	LAM, LINDA	3470 S W 2ND COURT	DEERFIELD BEACH FL 33442

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10/31/02--01101--014 **150.00

3/4/21

8. Name and Address of Current Registered Agent

THACH, SORIDA
3470 S W 2ND COURT
DEERFIELD BEACH FL 33442

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

CR2040 (802)

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 10/24/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAM LINDA

Date

Daytime Phone #

Florida Dept. of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Kirin Sushi Japanese Restaurant, Inc.
10339 Royal Palm Boulevard
Coral Springs, FL 33071

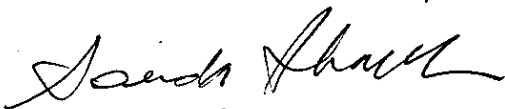
Re: UBR not received. Ref. # P01000085682

To Whom It May Concern,

We did not receive any UBR therefore we did not file it. After talking to your office, we have sent a check of \$150.00 for reinstatement of our store.

Please waive the penalty \$ 600.00, and allow Kirin Sushi Restaurant be reinstated.

Thank you very much for your help.



Sorida Thach
Kirin Sushi Japanese Restaurant
Ref. Number P01000085682

November 14, 2002