

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

AND
FILED

06 MAR 17 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000087670

1. Corporation Name

YANAGIDA CORPORATION

2. Principal Office Address

4611 S. UNIVERSITY DR

3. Mailing Office Address

W06000008262

Suite, Apt. #, etc.

#442

Suite, Apt. #, etc.

City & State

DAVIE FLA.

City & State

Zip

33328

Country

BROWARD

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/01

5. FEI Number

01-0561224

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

MARK N. LEIBA

Street Address (P.O. Box Number is Not Acceptable)

4611 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, Etc.

#442

City

DAVIE

State
FL

Zip Code

33328

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

[Signature]

Date 2/14/06

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
<u>PRES</u>	<u>MARK N. LEIBA</u>	<u>4611 S. UNIVERSITY DR #442</u>	<u>DAVIE FLA. 33328</u>
			<u>400070226314</u>
			<u>04/12/06--01042--004 **460.00</u>
			<u>B 2/1/2006</u>
			<u>REINSTATEMENT 04-06</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK N. LEIBA

Date

2/14/06

Daytime Phone #

954-557-4889

pg 2 of 2
4611 South University Drive # 442
Davie Florida 33328

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Yanagida Corporation

March 15, 2006

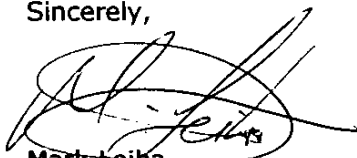
TO: Division of Corporations
RE: Document # P01000087670

Dear Sir or Madam:

In response to letter # 106A00011789 please be advised that we did not receive an annual report notice or notices for 2004, our address has not changed since incorporation so it's unclear to us why we did not receive it.

Kindly exercise consideration in accepting the enclosed application form for reinstatement & certificate of status.

Sincerely,



Mark Leiba
President

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