

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092364

1. Corporation Name

FUJI JAPANESE & THAI RESTAURANT, INC.

Principal Place of Business

20335 NE 10 COURT
MIAMI FL 33179

Mailing Address

20335 NE 10 COURT
MIAMI FL 33179

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

09/20/2001

5. FEI Number

65-1142886

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	MINGKOUAN, CHINTANA W	20335 NE 10 COURT	MIAMI FL 33179
D	FUENGPNGERN, PRAVECH	20335 NE 10 COURT	MIAMI FL 33179

9000008635499
10/28/02--01114--007 **150.00

Paul

8. Name and Address of Current Registered Agent

MINGKBOUAN, CHINTANA W
20335 NE 10 COURT
MIAMI FL 33179

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

MIAMI

FL

33131

CR2040 (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

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-28-02

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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fuji Japanese & Thai Restaurant, Inc.

48 East Flagler M45
Miami, Florida 33179

October 25, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Fuji Japanese & Thai Restaurant, Inc.
Doc# P01000092364

To Whom it May Concern,

We are enclosing our annual report for the year 2002. We never received the original report as our address has changed. We request the penalty for late filing be waived for reasonable cause.

Thank you in advance for your attention in this matter.

Sincerely,


Mingkhouan, Chintana