

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -8 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012604

1. Corporation Name

FUJI SUSHI, INC.

800128837268
05/08/08--01044--005 **450.00

REINSTATEMENT 06-08

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
6700 CONROY RD.

3. Mailing Office Address
6700 CONROY RD.

Suite, Apt. #, etc.
SUITE 155

Suite, Apt. #, etc.
SUITE 155

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32835

Country

Zip
32835

Country

4. Date Incorporated or Qualified
To Do Business in Florida **02/04/2002**

5. FEI Number
020544614

☐ 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
HOWLADER, NABANI D

Street Address (P.O. Box Number is Not Acceptable)
2706 GREATGREEN CT

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32835

☒ 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

N. D. Howlader

REGISTERED AGENT MUST SIGN

Date **4/21/2008**

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
VP	KHAN, WAHIDUR R	2841 HOFFMAN DR	ORLANDO FL 32837
P	HOWLADER, NABANI D	2706 GREATGREEN 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 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:

N. D. Howlader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2008
Date

(407) 298 2989
Daytime Phone #

25/13