

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 24 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0200002794 2

1. Corporation Name

DISHA SUSHI INC

2. Principal Office Address

2075 NE 164 ST

Suite, Apt. #, etc.

714

City & State

N MIAMI BCH FL

Zip

33162

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

3/13/02

5. FEI Number

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

DILIP SAHA

800025755488

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

2075 NE 164 ST

12/24/03 01037 022 \*\*750.00

Suite, Apt. #, Etc.

714

City

N MIAMI BCH

State

FL

Zip Code

33162

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

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
P, D	DILIP SAHA	2075 NE 164 ST # 714	N MIAMI BCH FL 33162

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DILIP SAHA, PRES.

Date

Daytime Phone #

12/19/03 305-725-7326

CR2E081 (10/02)