

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092534

1. Corporation Name

KOSHER JAPANESE RESTAURANT, INC.

Principal Place of Business

Mailing Address

9300 S DADELAND BLVD STE 508  
MIAMI FL 33156

9300 S DADELAND BLVD STE 508  
MIAMI FL 33156



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

2. New Principal Office Address, If Applicable

780 N.W. 42ND AVENUE

3. New Mailing Office Address, If Applicable

780 N.W. 42ND AVENUE

Suite, Apt. #, etc.

SUITE 9

Suite, Apt. #, etc.

SUITE 9

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33126

Country

U.S.A.

Zip

33126

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/2002

5. FEI Number

550794611

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
P	KON, MASAYUKI	<del>9300 S DADELAND BLVD STE 508</del>	<del>MIAMI FL 33156</del>
V	YOSHINORI, MIZUMA, YOSHINORI	<del>9300 S DADELAND BLVD STE 508</del>	<del>MIAMI FL 33156</del>
			400024579984 11/12/03--01010--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KON, MASAYUKI

~~9300 S DADELAND BLVD STE 508~~ 780 N.W. 42ND AVE  
MIAMI FL 33156 SUITE 9

MIAMI, FL 33126

Name

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

780 N.W. 42ND AVENUE

Suite, Apt. #, Etc.

SUITE 9

City

MIAMI

State

FL

Zip Code

33126

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

REGISTERED AGENT MUST SIGN

Date

11/4/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/03 (305) 4

Daytime Phone #

CR2E040 (7/03)

**KOSHER JAPANESE RESTAURANT, INC.**

780 NW 42ND AVENUE  
SUITE 9  
MIAMI, FLORIDA 33126-5536

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November 04, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Dear Sir:

We received a "Notice of Administrative Dissolution or Revocation" on November 3, 2003. The notice states that we failed to file our 2003 corporation annual report/uniform business report. There must be a misunderstanding, since, this is the first time we received this notice and furthermore, our address has changed.. Therefore, could you please waive the reinstatement fee of \$600.00

We are enclosing the "Application for Reinstatement" with the original fee of \$150.00.

Thank you for your kind attention in this matter.

Sincerely,

  
Masayuki Kon