

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

DOCUMENT # **P02000112506**

1. Corporation Name

03 OCT 21 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MITSUKO'S KITCHEN, INC.**

Principal Place of Business

Mailing Address

~~6440 MIAMI LAKES DRIVE EAST~~  
~~MIAMI LAKES FL 33014~~

~~6440 MIAMI LAKES DRIVE EAST~~  
~~MIAMI LAKES FL 33014~~



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

**7682 NOB HILL ROAD**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**7682 NOB HILL ROAD**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To-Do Business in Florida

**10/18/2002**

5. FEI Number

**02-066 4021**

Applied For

Not Applicable

City & State

**TAMARAC FL, 3**

City & State

**TAMARAC FL**

Zip

Country

**33321**

**U.S.A.**

Zip

Country

**33321**

**U.S.A.**

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
<b>D</b>	<b>ARANGO, LAZARO L.</b>	<del>02 MINATO TOWN OMURA CITY</del> <b>12901 NW 1ST STREET #101</b>	<del>FUKUOKA 8368002, JAPAN</del> <b>PEMBROKE PINES FL 33028</b>

**700023966647**  
**10/21/03--01049--014 \*\*750.00**

8. Name and Address of Current Registered Agent

~~EMERSON, MICHAEL~~  
~~6440 MIAMI LAKES DRIVE EAST~~  
~~MIAMI LAKES FL 33014~~

9. Name and Address of New Registered Agent

Name  
**LAZARO L. ARANGO**  
Street Address (P.O. Box Number is Not Acceptable)  
**12901 NW 1ST STREET #101**  
Suite, Apt. #, Etc.  
**#101**  
City  
**PEMBROKE PINES**  
State  
**FL**  
Zip Code  
**33028**

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/15/03**

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)(l), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/15/03 - 954-770-6033**  
Date Daytime Phone #

CR2E040 (7/03)