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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000129524

1. Corporation Name
DAIMYO #2 Inc.

REINSTATEMENT 04-05

2. Principal Office Address		**3.** Mailing Office Address	
405 North Reo St		405 North Reo St	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33609	Country US	Zip 33609	Country US

4. Date Incorporated or Qualified To Do Business In Florida 12/02/02

5. FEI Number 06-1670567 — 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: BAUMANN, Paul A

Street Address (P.O. Box Number Is Not Acceptable): 405 North Reo St

Suite, Apt. #, Etc.: Suite 200

City: Tampa — State: FL — Zip Code: 33609

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 2/Feb/05
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Delcastillo, Stephen J	405 N. Reo St., Suite 200	Tampa, FL 33609
S	Johnson, Barbara J	405 N. Reo St., Suite 200	Tampa, FL 33609
T	Baumann, Paul A	405 N. Reo St., Suite 200	Tampa, FL 33609

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: _____ 2/Feb/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(((H05 000002979 43)))

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : WARD, ROVELL & VAN EEPOEL, P.A.
Account Number : 076245002115
Phone : (813)222-8730
Fax Number : (813)222-8701

CORPORATION REINSTATEMENT

DAIMYO #2 INC.

Certificate of Status	0
Certified Copy	0
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