PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV -7 PM 3:23

DOCUMENT # P03000157920

1. Corporation Name

Strong-S USA, INC.

REINSTATEMENT 06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
2029 Arrowgrass Dr.	2029 Arrowgrass Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel FL	City & State: Wesley Chapel FL
Zip: 33543 Country: USA	Zip: 33543 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-16-2003

5. FEI Number: 20-0566734 ☐ 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: Colleen O'Rourke

Street Address (P.O. Box Number Is Not Acceptable): 4805 W. Laurel St.

Suite, Apt. #, Etc.: Suite 230

City: Tampa State: FL Zip Code: 33607

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: 11/2/06

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
VP/P/T, President	Tatsuya Okawa	1140 2.23rd St. #500	NY, NY 10011
S Secretary	Motokuni Hasegawa	2029 Arrowgrass Dr	Wesley Chapel FL 33543

100081577771
11/07/06--01016--028 **750.00

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: Tatsuya Okawa 11/2/06 813-482-1061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #