

2007 REINSTATEMENT

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DOCUMENT# **P04000152052**

1. Entity Name
MITAKEKO OF FLORIDA, INC.

Principal Place of Business
**3251 RIVERSIDE DR
CORAL SPRINGS FL 33065**

Mailing Address
**3251 RIVERSIDE DR
CORAL SPRINGS FL 33065**

2. Principal Place of Business
820 CYPRESS PARK WAY

3. Mailing Address
820 CYPRESS PARK WAY

Suite, Apt. #, etc.
APT H

Suite, Apt. #, etc.
APT H

City & State
POMPAÑO BEACH FL

City & State
POMPAÑO BEACH FL

4. FEI Number
20-1858636

Applied For
☐ Not Applicable

Zip
33064

Country
USA

Zip
33064

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROY D CUTHER
3251 RIVERSIDE DR
CORAL SPRINGS FL 33065**

7. Name and Address of Now Registered Agent

Name
ROY D CUTHER
Street Address (P O Box Number is Not Acceptable)
820 CYPRESS PARK WAY APT H
City
POMPAÑO BEACH FL Zip Code
33064

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/07/07

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 may Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST ROY D CUTHER 3251 RIVERSIDE DR CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMILIA TAKEKO SHIMATA 3251 RIVERSIDE DR CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONICE MENDES 3251 RIVERSIDE DR CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST ¹ ROY D CUTHER 820 CYPRESS PARK WAY APT H POMPAÑO BEACH FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMILIA TAKEKO SHIMATA 820 CYPRESS PARK WAY APT H POMPAÑO BEACH FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONICE MENDES 820 CYPRESS PARK WAY APT H POMPAÑO BEACH FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/07 (561) 596-7223

Date Daytime Phone #

FILED

07 FEB 12 PM 3:06

CLERK OF STATE
TALLAHASSEE, FLORIDA

500088908525
02/21/07--01030--017 **450.00

[Handwritten] 2/14

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Pompano Beach - FL, February 7th, 2007

From: **MITAKEKO OF FLORIDA, INC**
820 CYPRESS PARK WAY APT H
POMPANNO BEACH FL 33064

To: **FLORIDA DEPARTMENT OF STATE**
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

Re: Corporate Reinstatement
Ref: Doc # P04000152052

Dear Sir or Madam:

I come before this honorable department because I would like to inform you that I have a Profit Corporation by the following name:

MITAKEKO OF FLORIDA, INC.
DOCUMENT # P04000152052

And we have not received the Annual Business Report 2004 first notice, probably due to the fact I was out of the state. I was not able to renew the corporation timely.

Therefore I would like to ask you to reinstate my corporation and waive all late fees, as I am sending the complete 2007 UBR form along with a check of \$450 to pay the annual reports 2005, 2006 and 2007.

Once I had no intention to be filing late with the Florida Department of State, Division of Corporations, which I honor and respect the Laws and regulations, please accept my petition.

Thank you for your cooperation and concern, and if you have any question or concern regarding this matter, do not hesitate to contact me.

Sincerely,



CUTHER, ROY D
President