

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000166169

1. Entity Name
HIRO'S SUSHI EXPRESS HOLDING COMPANY, INC.



FILED

06 JAN 12 AM 10:41

SECRET
TALLAHASSEE, FLORIDA

Handwritten initials

Principal Place of Business Mailing Address

~~3019 NE 163RD ST~~ ~~3019 NE 163RD ST~~
~~N MIAMI BEACH, FL 33160~~ ~~N MIAMI BEACH, FL 33160~~
 15417 NE 21st Ave 15417 NE 21st Ave
 N Miami Beach, FL 33162 N Miami Beach, FL 33162

2. Principal Place of Business 3. Mailing Address

15417 NE 21st Ave. 15417 NE 21st Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.



City & State City & State

N Miami Beach, FL N Miami Beach, FL

Zip Country Zip Country

33162 USA 33162 USA

4. FEI Number Applied For

71-0994290 Not Applicable

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

6. Name and Address of Current Registered Agent

SHIGETOMI, HIROSHI
~~3019 NE 163RD ST~~
~~N MIAMI BEACH, FL 33160~~

7. Name and Address of New Registered Agent

Name SHIGETOMI, HIROSHI
 Street Address (P.O. Box Number is Not Acceptable)
 17048 West Dixie Highway
 City N Miami Beach FL Zip Code 33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: X 1-10-06

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIGETOMI, HIROSHI 3019 NE 163RD ST N MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIGETOMI, HIROSHI 33162 15417 NE 21st Ave. N Miami Beach FL
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: X 1-10-06

Signature and typed or printed name of signing officer or director Date Daytime Phone #

71-0994290