

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000060578

1. Corporation Name

NAGANO & NAGANO INC

11-11-93

2. Principal Office Address - No P.O. Box #

310 SOUTH DALE MAHALL

3. Mailing Office Address

310 SOUTH DALE MAHALL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

HILLS

Zip

33609

Country

HILLS

7. Name and Address of Current Registered Agent

Name

MICHAEL CONDES

Street Address (P.O. Box Number is Not Acceptable)

5104 NORTH RIVER SHORE DR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33604

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Michael Condes

REGISTERED AGENT MUST SIGN

Date 3-4-10

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
<u>P</u>	<u>NOI ODON</u>	<u>310 S. DALE MAHALL</u> <u>HILLS</u>	<u>TAMPA, FL 33609</u>
<u>VP</u>	<u>SAULESUO PAMUNDE</u>	<u>310 S. DALE MAHALL</u> <u>HILLS</u>	<u>TAMPA, FL 33609</u>
<u>T</u>	<u>MICHAEL CONDES</u>	<u>310 S. DALE MAHALL</u> <u>HILLS</u>	<u>TAMPA, FL 33609</u>

10. E-mail Address: RGREEN38@TAMPABAY.FL.RR.COM

(To be used for future annual report notification)

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 807 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. I further certify, 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:

Michael Condes

MICHAEL J. CONDES

Date

3-4-10

Daytime Phone #

813-391-6985

FILED

10 MAR 23 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/09/10--01018--006 \*\*300.00

REINSTATEMENT

CR2E081 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

4-20-2005

5. FEI Number

20-2725676

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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3/23/10