


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 FEB 16 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000124292		
1. Entity Name MIKADO SUSHI IN ORLANDO INC.		

Principal Place of Business 12000 AVALON LAKE DR SUITE H ORLANDO, FL 32828	Mailing Address 12000 AVALON LAKE DR SUITE H ORLANDO, FL 32828
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2. Principal Place of Business - No P.O. Box # 12001 AVALON LAKE DR Suite, Apt. #, etc. SUITE H City & State ORLANDO, FL Zip 32828 Country ORANGE	3. Mailing Address 12001 AVALON LAKE DR Suite, Apt. #, etc. SUITE H City & State ORLANDO, FL Zip 32828 Country ORANGE
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02082007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent LIN, DE SHUI 12000 AVALON LAKE DR SUITE H ORLANDO, FL 32828	
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4. FEI Number 20-3506119	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

700089722037

03/01/07--01003--005 \*\*300.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN, DE SHUI 12000 AVALON LAKE DR SUITE H ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN, DE SHUI 12001 AVALON LAKE DR SUITE H ORLANDO, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN, MEI F 12000 AVALON LAKE DR SUITE H ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN, MEI FANG 12001 AVALON LAKE DR SUITE H ORLANDO, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

B2/19/07  
REINSTATEMENT 06-01

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:  LIN, DE SHUI	2/8/07	Date	Daytime Phone
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