

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 20 AM 10:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # *P06 000069934*

1. Corporation Name

Haru Ichiban, Inc.

REINSTATEMENT *07-09*

CR2E081 (12/08)

JC 2/24

2. Principal Office Address - No P.O. Box #
10185 Collins Avenue

3. Mailing Office Address
10185 Collins Avenue

Suite, Apt. #, etc.
Unit 1519

Suite, Apt. #, etc.
Unit 1519

City & State
Bal Harbour, FL

City & State
Bal Harbour, FL

Zip Country
33154 USA

Zip Country
33154 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/15/2006

5. FEI Number *26-0906686* ☐ 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
Yumi Sato

Street Address (P.O. Box Number is Not Acceptable)
10185 Collins Avenue

Suite, Apt. #, Etc.
Unit 1519

City
Bal Harbour

State Zip Code
FL 33154

☐ 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.

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

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
P	Yumi Sato	10185 Collins Avenue, Unit 1519	Bal Harbour, FL 33154

000144078520
*02/20/09--01028--024 **1200.00*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yumi Sato
Date *2/14/2009*

Daytime Phone # *305-864-1187*