

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
12 JAN 20 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000016279

1. Corporation Name

BUSHIDO SUSHI INCORPORATED

2. Principal Office Address - No P.O. Box #  
125 W VENICE AVE

3. Mailing Office Address  
125 W VENICE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

VENICE FL

Zip

34285

Country

USA

Zip

34285

Country

USA

000219075060  
01/20/12--01006--014 \*\*750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/07

5. FEI Number

30-0403243

☐ 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

HOUR YAM

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

125 W VENICE AVE

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34285

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1.16.12

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/T/S	HOUR YAM	5561 COLONY LANE	SARASOTA FL 34233

REINSTATEMENT

12 B. 1/20/12

10. E-mail Address: HOBUSHIDO @ YAHOO.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 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]*

HOUR YAM

Date

1.16.12

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR