2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000109423

1. Entity Name
SAKE INC.

FILED
09 MAR 10 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

Principal Place of Business	Mailing Address
1001 PARK STREET JACKSONVILLE, FL 32204	1001 PARK STREET JACKSONVILLE, FL 32204

2. Principal Place of Business (No P.O. Box #)	3. Mailing Address
824 LOMAX ST	824 LOMAX ST
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32204 Country: USA	Zip: 32204 Country: USA

4. FEI Number: 32-0276092 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YANG, SHUNA 1001 PARK STREET JACKSONVILLE, FL 32204	Name Street Address (P.O. Box Numbers 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P YANG, SHUNA 1001 PARK STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 700145417787 03/10/09--01028--015 **300.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 3/3/10
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: _____ 3/2/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date