

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 13 PM 1:19

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000099915

1. Corporation Name

TOKYO BLEU, INC.

200161648222
10/13/09--01035--002 **150.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
4040 GALT OCEAN DR.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
ADMIN. OFFICE

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State

Zip Country
33308 BROWARD

Zip Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/7/2008

5. FEI Number
26-3496272

☐ 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
FRANCESCO TALERICO

Street Address (P.O. Box Number is Not Acceptable)
4040 GALT OCEAN DRIVE

Suite, Apt. #, Etc.
ADMIN. OFFICE

City
FT. LAUDERDALE

State Zip Code
FL 33308

☒ 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

Frank Talerico

Date 10/8/2009

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,S,T	FRANCESCO TALERICO	4040 GALT OCEAN DR.	FT. LAUDERDALE, FL 33308
V.P.	MIYOKO AIBA	4040 GALT OCEAN DR.	FT. LAUDERDALE, FL 33308
V.P.	PONRATHORN ABHIRATVORAKUL	4040 GALT OCEAN DR.	FT. LAUDERDALE, FL 33308

REINSTATEMENT

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:

Frank Talerico
FRANCESCO TALERICO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/2009
Date

954 566-7500
Daytime Phone #