APPLICATION
FOR
REINSTATEMENT
FOR
Island Future U.S.A. Inc.

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
DO NOT WRITE IN THIS SPACE

96 DEC 11 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1 Name and Mailing Address of Corporation DOCUMENT # P15411

Island Future U.S.A. Inc.
650 Route 23 North
Wayne, NJ 07470

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address 400002026814--6
-12/12/96--01018--002
****375.00 ****375.00

City and State

Zip Code

3 Date Incorporated or Qualified To Do Business in Florida 7/30/87

4. FEI Number 59-2858230

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title 1	Names of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
President and Director	Bungo Shimada	c/o Shimabun Company Limited, Kakogawa Shimabun Building, 1884-1, Ikeda, Onoe-Cho	Kakogawa 675, Japan
Vice President and Director	Bunroku Shimada	c/o Shimabun Company Limited, Kakogawa Shimabun Building, 1884-1, Ikeda, Onoe-Cho	Kakogawa 675, Japan

REINSTATEMENT
12/11/96

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date 12-11-96
REGISTERED AGENT MUST SIGN

9. 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. 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 of Officer or Director [signature] Date 11/29/96 Phone #

Typed or printed name of signing officer or director Bunroku Shimada , Vice President

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

(FLA. - 2113 - 8/13/92)