

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22933

1. Corporation Name

AMADA ENGINEERING & SERVICE CO., INC.

Principal Place of Business

14921 E. NORTHAM STREET
LA MIRADA CA 90638

Mailing Address

14921 E. NORTHAM STREET
LA MIRADA CA 90638

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1989

5. FEI Number

95-3462696

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KAGEYAMA, YASUMASA	14921 E NORTHAM ST	LA MIRADA CA 90638
P	KUROSAKA, TODD	14921 E. NORTHAM STREET	LA MIRADA CA
V	GUERIN, MICHAEL	14921 E. NORTHAM STREET	LA MIRADA CA
VP	SATOSHI, YAMAZAKI	14921 E. NORTHAM STREET	LA MIRADA CA
D	NAKAMURA, TOSHIYUKI	799 BIERMANN CT #120	MT PROSPECT IL 60056
D	BENTON, WILLIAM L.	14921 E. NORTHAM STREET	LA MIRADA CA

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700003496377-0

-12/12/00-01019-004

****750.00 ****750.00

State

Zip Code

FL

10. 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

DAVID I. FARBER
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/17/00

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., 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 under section 119.07(3)(i), 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:

SATOSHI YAMAZAKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

(714) 670-2111