

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Wfa

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P28685

1. Corporation Name

NICHIREI FOODS, INC.

FILED

00 OCT 24 PM 12:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2033 SIXTH AVE.
SUITE 900
SEATTLE, WA 98121
US

2033 SIXTH AVE.
SUITE 900
SEATTLE, WA 98121
US

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



REINSTATEMENT

FD

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

91-1477463

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
CD	KITA, FUMIO	2033 6TH AVE., STE. 900	SEATTLE WA 98121
D	OMURO, TOSHIO	2033 6TH AVE., STE. 900	SEATTLE WA 98121
SVD	NAKAJIMA, TETSUHISA	2033 6TH AVE., STE. 900	SEATTLE WA 98121
SVD	NAKAMURA, TAKASHI	2033 6TH AVE., STE. 900	SEATTLE WA 98121
V	KAWASE, TAKUO	2033 6TH AVE., STE. 900	SEATTLE WA 98121
PD	TOYAMA, MASSATOSHI	2033 6TH AVE., STE. 900	SEATTLE WA 98121

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

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

Jack D. Caskey, ASSISTANT PRESIDENT

Date 10-16-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tetsuhisa Nakajima 10/12/00 206-448-7800

Date

Daytime Phone #

KE