

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 DEC 17 AM 8:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P39088**

1. Corporation Name

**IDEMITSU APOLLO CORPORATION**



**REINSTATEMENT**

Principal Place of Business	Mailing Address
1270 AVENUE OF THE AMERICAS SUITE 420 NEW YORK NY 10020 US	1270 AVENUE OF THE AMERICAS SUITE 420 NEW YORK NY 10020 US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/27/1992	
City & State		City & State		5. FEI Number	
Zip		Country		13-2884256	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	ISEKI, TETSUO	1-1, 3-CHOME MARUNOUCHI	TOKYO JA
PD	KUSUMOTO, KYO	1270 AVE OF THE AMERICAS #420	NEW YORK NY 10020
ST	TAKAHASHI, KAZUAKI	1270 AVE OF THE AMERICAS #420	NEW YORK NY 10020
			3000002720619--3 -12/23/98--01046--013 ***758.75 ***758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CIT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	

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: *Victor Albano* Date: 11/16/98  
 REGISTERED AGENT MUST SIGN: *Victor Albano, Asst Secretary*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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: *Kazuaki Takahashi* **KAZUAKI TAKAHASHI** 11/13/98 212-332-4820  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC04 (9/98)