


2005 FOR PROFIT CORPORATION REINSTATEMENT

B172

DOCUMENT # P93000001517					
1. Entity Name MIKATO, INC.					
Principal Place of Business 7724 FRONT BEACH RD. PANAMA CITY BEACH, FL 32407			Mailing Address 7724 FRONT BEACH RD. PANAMA CITY BEACH, FL 32407		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEE, JONG T 7724 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, JONG T 203 FAN CORAL DR. PANAMA CITY BCH., FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEE, HAE K 203 FAN CORAL DR. PANAMA CITY BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Han Ky Lee</u>			4.29.05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

CHARLES A. TIPTON, JR.
CERTIFIED PUBLIC ACCOUNTANT



PS L JZ
#5 MIRACLE STRIP LOOP, SUITE 5
EMERALD COAST PROFESSIONAL CENTER
PANAMA CITY BEACH, FLORIDA 32407
TELEPHONE (850) 234-7257
FACSIMILE (850) 234-7258

April 29, 2005

Florida Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Mikato, Inc.

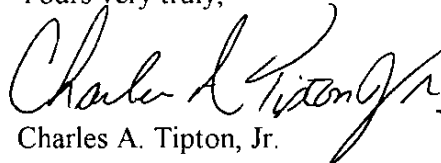
Ladies and Gentlemen:

Enclosed is the 2005 for profit corporate reinstatement form for my client. My client did not receive, or did not recognize the notice for 2004. Apparently the same thing happened in 2005, but the May 1st deadline has not expired.

My client requests that any penalties be abated because, as far as they know, they did not receive your notice. Additionally, Bay County was heavily impacted by Hurricane Ivan in September 2004.

Thank you for your consideration of our request.

Yours very truly,


Charles A. Tipton, Jr.

Enclosure

cc: Mikato, Inc.