

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUN 11 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027396

1. Corporation Name

NIPPON USA INC.

2. Principal Office Address - No P.O. Box #

780 N.W. 42ND AVE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

# 9

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

Zip

33126

Country

USA

Zip

Country

REINSTATEMENT 1997-2010

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

1993

5. FEI Number

65-0408899

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MASAYUKI KON

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

780 N.W. 42ND AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

5/14/10

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	MASAYUKI KON	7525 S.W. 112TH STREET	MIAMI, FL 33156

100181986391  
06/07/10 01029-004 \*\*1950.00  
06/07/10 01066 011 \$750.00

2.6/18

10. E-mail Address: konm@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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

Date

Daytime Phone #

5/14/10

305-662-6872