

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR - 4 PM 2:26

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000068708

1. Corporation Name

Takara Japanese Restaurant,  
INC.

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

3740 O/S Hwy 3  
Suite, Apt. #, etc.  
#3

3. Mailing Office Address

3740 O/S Hwy 3  
Suite, Apt. #, etc.  
#3

City & State

Marathon, FL

City & State

Marathon, FL

Zip

33050

Country

Monroe

Zip

33050

Country

Monroe

7. Name and Address of Current Registered Agent

Name Richard A. Malaty

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

12887 OVERSEAS HWY

Suite, Apt. #, Etc.

#201

City

Marathon

State

FL

Zip Code

33050

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

REGISTERED AGENT MUST SIGN

Date

3/1/2000

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
VP	<u>Sudeporn Sprint</u>	<u>311 37th St. #1E</u>	<u>Marathon, FL 33050</u>
Pres.	<u>Siripong Rodtim</u>	<u>311 37th St. #1E</u>	<u>Marathon, FL 33050</u>

10. E-mail Address:

(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 #

3/01/10 305-  
743-0505

400171173894  
03/04/10--01002--008 \*\*\$00.00  
**REINSTATEMENT** (709) 07-10

4. Date Incorporated or Qualified To Do Business in Florida

3/1/2000

5. FEI Number

650440491

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.