


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

02 FEB 12 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

DOCUMENT # P93000074188

1. Corporation Name  
Yasaka International, Inc.

2. Principal Office Address <u>3421 N. LAKEVIEW DR.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>3421 N. LAKEVIEW DR.</u> Suite, Apt. #, etc.	
City & State <u>Tampa FL</u>		City & State <u>Tampa FL</u>	
Zip <u>33618</u>	Country	Zip <u>33618</u>	Country

**REINSTATEMENT 01-02**

4. Date Incorporated or Qualified To Do Business in Florida 10.19.93

5. FEI Number 593207400 Applied For.  Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name DAVID WU

Street Address (P.O. Box Number is Not Acceptable)  
3421 NORTH LAKEVIEW DRIVE

Suite, Apt. #, Etc.

City TAMPA

State FL Zip Code 33618

300004961943-7  
-02/20/02--01076-005  
\*\*\*908.75 \*\*\*908.75

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 [Signature] Date 01-16-02

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
P	YOSHIYA SHINO	3421 N. LAKEVIEW DR	TAMPA FL 33618
VP	DAVID WU	3421 N. LAKEVIEW DR	TAMPA FL 33618

10. 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] Date 01-16-02 813-265-3955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)