

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 13 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034590

1. Corporation Name

Tokai Inc

2. Principal Office Address

10115 Adamo DR

Suite, Apt. #, etc.

3. Mailing Office Address

10115 Adamo DR

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33619

Country

USA

City & State

TAMPA, FL

Zip

33619

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/4/94

5. FEI Number

59-3251501

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

Yu Mei Ma Chang

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

8705 CORAL DAWN COURT

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33617

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 05/01/04

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/T/D	Yu Mei Ma Chang	8705 CORAL DAWN CT	TAMPA, FL 33617
M/S/D	IP Hung MA	8705 CORAL DAWN CT	TAMPA, FL 33617

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/04

Date

8136213332

Daytime Phone #

CR2E081 (01/04)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 13, 2004

TOKAI, INC.
10115 ADAMO DR
TAMPA, FL 33619 US

SUBJECT: TOKAI, INC.
Ref. Number: P94000034590

We have received your document for TOKAI, INC. and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$61.25 filing fee per year for the years 2002 through the current year, \$88.75 corporate supplemental fee for the years 1992 forward.

Therefore, the total fee to file the reinstatement is \$1050.00. Add an additional \$8.75 for each certificate of status requested.

There is a balance due of \$300.00. If a certificate of status is desired, please add an additional \$8.75

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 404A00044532