

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P94000047490

**1. Corporation Name**

**FUMI INTERNATIONAL, INC.**

**2. Principal Office Address**

**4444 CORTEZ ROAD W**

Suite, Apt. #, etc.

City & State

**BRADENTON, FL**

Zip

**34210**

Country

**USA**

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

**6/24/94**

**5. FEI Number**

**65-0500738**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

REINSTATEMENT  
CR2E081 (12/05)

04-06

FILED  
06 APR 28 PM 3:14  
TALLAHASSEE, FLORIDA

**7. Name and Address of Current Registered Agent**

Name

**KIMCUONG (FUMI HORAGUCHI) VAN**

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

**4444 CORTEZ ROAD W**

Suite, Apt. #, Etc.

City

**BRADENTON**

State  
**FL**

Zip Code

**34210**

800074351108  
05/10/06--01004--011 \*\*\*168.75

**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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date **4/26/06**

**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
DP	VAN, KIMCUONG (Fumi Horaguchi)	4444 CORTEZ RD W	BRADENTON, FL 34210
VP	HORAGUCHI, HIDEO	4444 CORTEZ RD W	BRADENTON, FL 34210

**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 contained in Chapter 119, 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:**

*[Handwritten Signature]*

**Fumi Horaguchi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-06**

Date

**941 504-0449**

Daytime Phone #