

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
03 JUN 24 AM 9:00SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000047490**1. Corporation Name**

Fumi International, Inc.

2. Principal Office Address

4444 Cortez Road W

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State**Zip**

34210

Country

USA

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

6/24/1994

5. FEI Number

65-0500738

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**

Van, KIMCUONG (FUMI HORAGUCHI)

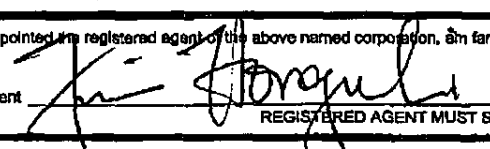
Street Address (P.O. Box Number is Not Acceptable)

4444 CORTEZ RD W

Suite, Apt. #, Etc.

City

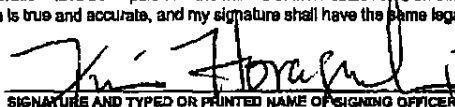
BRADENTON

State
FL**Zip Code**
34210**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.****Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date 6/24/03**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

REINSTATEMENT 02-03
LTS**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 807 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

Date 6/24/03

Date

(941) 924-2271

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : GREENE, DONNELLY & SCHERMER
Account Number : 104075002246
Phone : (941) 747-3025
Fax Number : (941) 747-6937

CORPORATION REINSTATEMENT

FUMI INTERNATIONAL, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75