

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

02 AUG -8 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Irezumi Inc. of Pompano Beach

895 000002912

600007072516--7

-08/13/02--01034--006

****750.00 ****750.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

1650 N. Federal Hwy

Suite, Apt. #, etc.

P.O. Box 818

City & State

Pompano Beach, FL

City & State

Tannersville, NY

Zip

33062

Country

USA

Zip

12485

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/09/95

5. FEI Number

65-0562433

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

Bruce Bart

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

1650 N. Federal Hwy

Suite, Apt. #, Etc.

City

Pompano Beach

State
FL

Zip Code

33062

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 *7.30.02*

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
<i>P</i>	<i>Bruce Bart</i>	<i>1650 N. Federal Hwy</i>	<i>Pompano Beach, FL 33062</i>
<i>VP</i>	<i>Karyn Rezende</i>	<i>1650 N. Federal Hwy</i>	<i>Pompano Beach, FL 33062</i>
<i>S</i>	<i>Bruce Bart</i>	<i>1650 N. Federal Hwy</i>	<i>Pompano Beach, FL 33062</i>

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

Date

7.30.02

Daytime Phone #

CR2E081 (9/01)

g 8/15/02

**Irezumi, Inc. of Pompano Beach
P.O. Box 818
Tannersville, NY 12485**

July 29, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

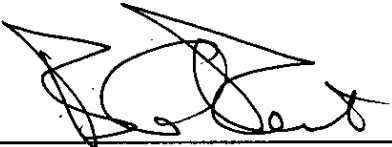
Dear Sir or Madam:

Enclosed is a Corporation Reinstatement application for our corporation, Irezumi, Inc. of Pompano Beach. We request that you update your records to reflect this information and process this form to reinstate our corporation.

Enclosed is a check for \$750, representing the minimum reinstatement fee. We request that you waive all further fees to reinstate, as we never received the appropriate forms to maintain our active corporation status. However, we have filed all required income and sales tax returns for all periods since the corporation's inception.

Thank you for your timely attention to this matter.

Sincerely,



Bruce Bart, President

July 30, 2002