

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 30 PM 12:57

DOCUMENT # **P95000024716**
1. Corporation Name **New Nobi Japanese Rest.**

Principal Place of Business Mailing Address

**3020 N. Federal Hwy
Ft. Lauderdale, Fl. 33306**

REINSTATEMENT 96-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0578633	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, T	Nobuyuki Higuchi	3020 N. Federal Hwy	Ft. Lauderdale, Fl 33306
VP, S	Teru Higuchi	3020 N. Federal Hwy	Ft. Lauderdale, Fl 33306
			800003007348--2 -10/06/99--01060--003 *****8.75 *****8.75
			800003007348--2 -10/06/99--01060--004 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Teru Higuchi**
Street Address (P.O. Box Number is Not Acceptable)
3020 N. Federal Hwy
Suite, Apt. #, Etc.
City **Ft Lauderdale,** State **FL** Zip Code **33306**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **x [Signature]** **Teru Higuchi**
REGISTERED AGENT MUST SIGN

Date **8-31-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: **x [Signature]** **Teru Higuchi - V.P**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-99 **954-955-5093**
Date Daytime Phone

CR2001 (12-96)