PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00 am
Secretary of State

DOCUMENT # **P95000064244**

1. Corporation Name

KOKUSAI FOOD, INC.

Principal Place of Business	Mailing Address
9300 S. DADELAND BLVD. #508 MIAMI FL 33156	9300 S. DADELAND BLVD. #508 MIAMI FL 33156

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 08/18/1995

5. FEI Number: 65-0610636 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	YOKOMORI, MASAAKI	9300 S. DADELAND BLVD. #508	MIAMI FL 33156
DV	KON, MASAYUKI	9300 S. DADELAND BLVD. #508	MIAMI FL 33156
DS	YOKOMORI, YUKIKO	9300 S. DADELAND BLVD. #508	MIAMI FL 33156

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-05/19/97--01122--007
***165.00

8. Name and Address of Current Registered Agent

MAZLOFF, HOWARD W
9300 S. DADELAND BLVD. #310
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name: MASAAKI YOKOMORI
Street Address (P.O. Box Number is Not Acceptable): 12410 S.W. 106 TERR.
Suite, Apt. #, Etc.: MIA
City: MIAMI State: FL Zip Code: 33186

CR2E040 (7/96)

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: [signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: Oct. 1st, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

04/25/1997

305-274-7861

SIGNATURE: [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-96
Date

305-516-3525
Daytime Phone #