SENT BY: 12- 9-97 ; 1:19PM ; GEIGER KASDIN → Department of State:# [redacted] ①

FA# H9720242 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1997 DEC -9 AM 12:23
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000084568

1. Corporation Name
Sake Hana, Inc.

Principal Place of Business
1131 Washington Ave
Miami Beach, FL
33139

Mailing Address
same

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 10/14/96

5. FEI Number 65-0741195 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, P, S, T	Frank Betram	1131 Washington Ave.	Miami Beach, FL 33139
D	Scott Holland	1131 Washington Ave.	Miami Beach, FL 33139

REINSTATEMENT '97
SCC
12-9-97

8. Name and Address of Current Registered Agent

Scott Holland
1131 Washington Ave.
Miami Beach, FL. 33139

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (12/96)

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 *See Attachment For Registered Agent Signature Date
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: Scott Holland, Director 12-8-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FA# H9720242

SENT BY: 12- 8-97 ; 5:17PM ; GEIGER KASDIN → Department of State; (2)

FA# H9720242 READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

*For R.A. Signature Only!

DOCUMENT # P96000084568

1. Corporation Name
Sake Hana, Inc.

Principal Place of Business
1131 Washington Ave
Miami Beach, FL
33139

Mailing Address
same

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2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

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

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1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D,P,S,T	Frank Betram	1131 Washington Ave.	Miami Beach, FL 33139
D	Scott Holland	1131 Washington Ave.	Miami Beach, FL 33139

8. Name and Address of Current Registered Agent

Scott Holland
1131 Washington Ave.
Miami Beach, FL. 33139

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

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 Sue Hana Date 12/8/97
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: Sue Hana, Scott Holland, Director 12-8-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FA# H9720242

SENT BY: 12- 8-97 ; 4:50PM ; GEIGER KASDIN → Department of State:# 1/3

P96000089568

PUBLIC ACCESS SYSTEM
FAX COVER SHEET
((H97000020242 6))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: GEIGER, KASDIN, HELLER & KUPERSTEIN, P.A. ACCT#: 076030000723
CONTACT: BEVERLY O RIEDY
PHONE: (305)372-5000 FAX #: (305)372-0052

NAME: SAKE HANA, INC.
AUDIT NUMBER.....H97000020242
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** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:
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