

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

VISION OF CORPORATIONS

02 JUL -2 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P 970000 54886

900006275069--1
-07/09/02--01037--026
****450.00 ****450.00

KIMURA INTERNATIONAL, INC

2. Principal Office Address

2404 ANTIGUA CIR.

3. Mailing Office Address

2404 ANTIGUA CIR

Suite, Apt. #, etc.

0-1

Suite, Apt. #, etc.

0-1

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33066

Country

USA

Zip

33066

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06-17-1997

5. FEI Number

65-0763312

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

MARK JACOBSON

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

2404 ANTIGUA CIR.

Suite, Apt. #, Etc.

0-2

City

COCONUT CREEK

State

FL

Zip Code

33066

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]

REGISTERED AGENT MUST SIGN

Date

6/20/02

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
PH/S	YAYOI KIMURA JACOBSON	1452 OAK GROVE CIR. 2404	SANTA ANA, CA, 92705
VP	MARK JACOBSON	2404 ANTIGUA CIR #0-1	COCONUT CREEK, FL 33066

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]
MARK JACOBSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-02

Date

(954) 994 4252

Daytime Phone #

CR2E081 (9/01)

gs 7/1/02