

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000099699**

1. Corporation Name

THE ROCK SUSHI CAFE, INC.

Principal Place of Business

Mailing Address

1131 WASHINGTON AVE
MIAMI BEACH FL 33139

7510 BEACH VIEW DR
NORTH BAY VILLAGE FL 33141

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

11/17/1997

5. FEI Number

65-0804866

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 3	City / State / Zip 4
PD	NETHONGKOME, YONGYUTH	1260 NE 97TH ST	MIAMI SHORES FL 33138
VPD	KNATTONGCOME, SIRIPHAN	1260 NE 97TH ST	MIAMI SHORES FL 33138

10-12-03

THE ROCK SUSHI CAFE, INC

P 97000099699

500023853395
10/16/03--01038--009 **150.00

10/17

8. Name and Address of

NETHONGKOME, YONGYUTH
1260 NE 97TH ST
MIAMI SHORES FL 33138

WE DID NOT RECEIVED

ANNUAL REPORT FOR 2003

PLEASE ACCEPT CHECK FOR

\$150.00 AND REINSTATE.

THANK YOU VERY MUCH

9. Name and Address of New Registered Agent

O. Box Number is Not Acceptable)

State
FL Zip Code

10. I, being appointed the registered agent

provisions of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

11. 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:

S. Knattongcome

SIRIPHAN KNATTONGCOME

10-12-03

305 762-5947.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)