

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 20 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077294

1. Corporation Name

TOKYO JAPANESE STEAKHOUSE OF NPR, INC.

2. Principal Office Address

5317 Linder Place

Suite, Apt. #, etc.

City & State

New Port Richey, Florida

Zip

34652

County

Pasco

3. Mailing Office Address

5317 Linder Place

Suite, Apt. #, etc.

City & State

New Port Richey, Florida

Zip

34652

Country

Pasco

REINSTATEMENT

99.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3532930

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

David E. Caution

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

131 West MAIN Street

Suite, Apt. #, Etc.

City

TAVARES

State

FL

Zip Code

32778

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

David E. Caution

REGISTERED AGENT MUST SIGN

Date 2/18/00

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
D.P.	Yen-Trung Du	1145 Emerald Drive	Mount Dora, FL 32757
			LS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-18-2000

CR2E081 (9/99)