

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 APR 24 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000009231**

1. Corporation Name

NAKIMORO USA Inc.

2. Principal Office Address

308 N.W. SANTA

Suite, Apt. #, etc.

FE BLVD.

City & State

HIGH SPRINGS FL.

Zip

32643

Country

U.S.A.

3. Mailing Office Address

1415 S.E. CEDAR

Suite, Apt. #, etc.

STREET.

City & State

HIGH SPRINGS FL

Zip

32643

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/99

5. FEI Number

59-3684767

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

JOEL BASSIER

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

1415 S.E. CEDAR STREET

Suite, Apt. #, Etc.

City

HIGH SPRINGS

State
FL

Zip Code

32643

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 **04/24/01**

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
P	JOEL BASSIER	1415 S.E. CEDAR STREET	HIGH SPRINGS FL. 32643

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] **JOEL BASSIER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

Date

(904) 454 2711

Daytime Phone #

CR2E081 (9/00)