2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000013782 Jul 05, 2000 8:00 am Secretary of State 1. Entity Name MIDORI JAPANESE RESTAURANT INC. 05-09-2000 90082 017 \*\*\*150.00 Mailing Address Principal Place of Business 885 VANDERBILT BEACH ROAD 885 VANDERBILT BEACH ROAD NAPLES FL 34108-8710 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Country Zip Country  $\Box$ Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIM. SUNG W Street Address (P.O. Box Number is Not Acceptable) 1120-TURTLE CREEK-#012 NAPLES FL 34110 Zip Code red office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 . Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DP ☐ Addition Change Defete TITLE TITLE KIM, SUNG W MAME NAME 1120-TURTI-F-CREEK-#612 SEREET ADDRESS STREET ADDRESS SITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change: ... 🖪 Addition. Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other fike empowered.

SIGNATURE: