

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000046939

1. Corporation Name

MASSAE K. MIZUKI, P.A.

Principal Place of Business

12722 NW 16TH CT.
CORAL SPRINGS FL 33071

Mailing Address

12722 NW 16TH CT.
CORAL SPRINGS FL 33071

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0922655

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐\$275 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Office and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officer and/or Director	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MIZUKI, MASSAE K	12722 NW 16TH CT.	CORAL SPRINGS FL 33071

000008893600
11/08/02--01104--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIZUKI, MASSAE K
12722 NW 16TH CT.
CORAL SPRINGS FL 33071

Name

Street Address (P.O. Box Number if applicable)

Suite, Apt. #, Etc.

City

State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of Section 607.0505, F.S. or 617.1505, F.S.

Signature of
Registered Agent

X

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in Section 607.0401 or 617.1401, 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 617.1401, 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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CERTIFIED PUBLIC ACCOUNTANTS

LARRY GROSSFELD, C.P.A.
ALLEN C. FORREST, C.P.A.

3511 W. Commercial Blvd • Suite 402
Fort Lauderdale, Florida 33309
(954)484-1188 • Fax: (954)484-5064
E Mail: gf-cpa.com

October 31, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Massae K. Mizuki, P.A.
FEI #65-0922655
Charter # P99000046939

To Whom It May Concern:

We are sending this letter at the request of the taxpayer. The taxpayer has just received a notice that they had not filed their 2002 Uniform Business Report. The taxpayer informed us that when they receive their Annual Report they file timely however they never received the 2002 form. During 2002 the corporation has had difficulty in receiving their mail as there are two other entities that have very similar addresses and apparently due to improper mail forwarding the 2002 form was not received. If they had received the report as in prior years they most certainly would have filed timely.

Enclosed you will find the taxpayer's payment of \$150.00 for the 2002 Annual Report. Under these circumstances we are respectfully requesting that you abate any additional fees since the client fully intended to keep this corporation active. If you should have any questions please contact us directly. Thanking you in advance for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to be 'A. Forrest', written over a horizontal line.

Allen C. Forrest, CPA