

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -9 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000060271**

1. Corporation Name

TAI-RYO INC
7112 SOUTH SHORE DRIVE
SOUTH PASADENA, FL 33707

2. Principal Office Address

same as above

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

same as above

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1999

5. FEI Number

65-1116620

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

JOANN KLEIN

400047550684

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

03/02/05--01007--017 **1358 75

Suite, Apt. #, Etc.

7112 SOUTH SHORE DRIVE

SOUTH PASADENA, FL 33707

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **2/3/05**

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	JOANN KLEIN	7112 SOUTH SHORE DRIVE	SOUTH PASADENA, FL 33707
D	TAKESHI TESHIMA	7971 N TAMIAMI TRAIL	SARASOTA, FL 34343

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

JOANN KLEIN

Date

2/3/05

Daytime Phone #

CR2E081 (01/05)