

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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07 JAN 25 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/30/07--01004--014 **450.00

REINSTATEMENT
CF 2E001 (12/05) 89-87

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 99000085208			
1. Corporation Name OSAKA CO, INC. I.V.			
2. Principal Office Address 15115 MADEIRA WAY Suite, Apt. #, etc. City & State MADEIRA BCH, FL Zip 33708 Country USA		3. Mailing Office Address 710 94TH AVE N Suite, Apt. #, etc. 302 City & State ST. PETE, FL Zip 33702 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 9-21-1999	
5. FEI Number 59-3548542	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name JOSEPH F. VALZ	
Street Address (P.O. Box Number is Not Acceptable) 710 94TH AVE NO	
Suite, Apt. #, Etc. 302	
City ST. PETE	State FL
	Zip Code 33702

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

Joseph J. Valz
REGISTERED AGENT MUST SIGN

Date

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
VD	CHARLES R. BUSAKORN	11115 MADEIRA WAY MADEIRA BCH FL 33708	
PD	CHARLES R. PAPER	" "	
TD	CHARLES R. VIRWON	" "	
SD	CHARLES R. KRIS	" "	

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 contained in Chapter 119, 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:

Joseph J. Valz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-07

Daytime Phone #

727-486-0584

B. Mitchell



Professional Financial Services & Associates, Inc.



710 - 94th Avenue North / Suite 302 / St. Petersburg, FL 33702
(727) 577-9602 / Fax (727) 577-6413 / Toll Free 1-888-810-3899
Email: Joe_Valz@yahoo.com

December 7, 2006

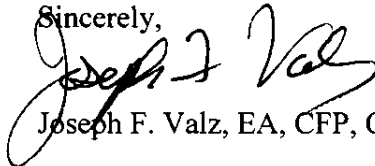
Florida Dept. of State
Div. of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Osaka Co., Inc.
P99000085208

My client just became aware that his Corporation has not been renewed for the years 2005 and 2006. As he did not receive either of these notices, I would like to request that you reinstate the corporation at the annual rate of \$150.00. Enclosed is a check for both years in the amount of \$300.00.

Thank you.

Sincerely,


Joseph F. Valz, EA, CFP, CPBC

Enclosure