

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 12 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092146

1. Corporation Name

TOKYO JAPANESE STEAKHOUSE/SEAFOOD
AND SUSHI BAR, INC.

2. Principal Office Address

312 E. Nine Mile Rd.

3. Mailing Office Address

312 E. Nine Mile Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32514

Country

Escambia

Zip

32514

Country

Escambia

REINSTATEMENT

170-01

4. Date Incorporated or Qualified
To Do Business In Florida

10/20/99

5. FEI Number

59-3665608

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

Richard E. Jesmonth

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

217-A East Intendencia Street

200004494162-1

~~07/24/01~~ - 01092-004

Suite, Apt. #, Etc.

****908.75 ****008.75

City

Pensacola

State
FL

Zip Code
32501

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]
R.E. Jesmonth

REGISTERED AGENT MUST SIGN

Date

11 JUL 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/D	Wei-Hsiung Chu	781 Crooked Oak St.	Pensacola, FL 32514
V/D	Kumiko Tamura	9009 University Pkwy.	Pensacola, FL 32514

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)(f), 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

Date

7/11

Daytime Phone #

CR22061 (8/00)