

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 JUN 17 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V00512**

1. Corporation Name

OHBA MIAMI BEACH CO.

Principal Place of Business

Mailing Address

**KAMON JAPANESE RESTAURANT
4441 Collins Avenue
Miami Beach, Florida 33140
c/o FONTAINEBLEAU HILTON**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Same as above

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

Aso Jan. 1993

5. FEI Number

65-0303483

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Mr. Yasuo Sakagami	1165 Marseilles	Miami Beach, Fl. 33141
V.P.	Mr. Hiroaki Shiokawa	SAME	Fukuoka, Japan
Sec/Tr.	Mrs. Etsuko Oba	1165 Marseilles	Miami Beach, Fl. 33141
			100002914741--9 -06/24/99--01092--003 ***700.00 ***700.00
			100002914741--9 -06/24/99--01092--004 ***500.00 ***500.00

8. Name and Address of Current Registered Agent

**Mrs. Etsuko Oba
1165 Marseilles
Miami Beach, Fl. 33141**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of
Registered Agent

Etsuko Oba

REGISTERED AGENT MUST SIGN

Date **31 May 1999**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

31 May 1999

Date

(305) 5380050

Daytime Phone #

CR2E031 (12/98)