

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 20 PM 2:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V31780
 1. Corporation Name
Teiki Kanko Orlando Inc.

Principal Place of Business Mailing Address
5478 Central FL Pkwy.
Orlando, FL 32821

REINSTATEMENT 90-99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida April 24, 1992

5. FEI Number 59-3120343 Applied For Not

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/Sec	Kazuhiro Nakagawa	4201 Mesa Vista Dr.	La Canada, CA 91011
VP	Math McCarl	3464 O'Berry Rd	Kissimmee, FL 34746
Tres.	Yasuhiko Sugiyama	3038 Oakcreek Rd.	Chino Hills, CA 91709
			700003082317--6 -12/28/99--01077--003 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent
Math McCarl
3464 O'Berry Rd
Kissimmee FL 34746

9. Name and Address of New Registered Agent LS

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 Math McCarl Date 12-14-99
REGISTERED AGENT MUST SIGN

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: Math McCarl Math McCarl 12-14-99 (407)238-7985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #