PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 22 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V66039

1. Corporation Name
First Tokyo Corporation
~~P.O. Box 320191~~
~~Tampa, FL 33679~~

2. Principal Office Address	3. Mailing Office Address
4100 W. Kennedy Blvd.	P.O. Box 320191
Suite, Apt. #, etc. Suite 208	Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa, FL
Zip 33609 Country USA	Zip 33679 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/23/94

5. FEI Number 65-0366658 ☐ 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: Elizabeth E. Harmon

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***1358.75 ***1358.75

Street Address (P.O. Box Number is Not Acceptable): 4515 W. Longfellow Ave

Suite, Apt. #, Etc.

City: Tampa State: FL Zip Code: 33629

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: Elizabeth E. Harmon
REGISTERED AGENT MUST SIGN

Date: 9/12/01

CR2E081 (9/00)

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
T/D	Brennan, John J.	6500 Midnight Pass Rd	Sarasota, FL 34242
VP/D	Murley, David L.	4534 Pike Avenue	Sarasota, FL 34233
S/D	Harmon, Elizabeth E.	4515 Longfellow Ave	Tampa, FL 33629

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: Elizabeth E. Harmon 9/12/01 813-288-6909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #