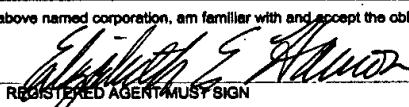


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V66039			
1. Corporation Name First Tokyo Corporation P.O. Box 320191 Tampa, FL 33679			
2. Principal Office Address 4100 W. Kennedy Blvd. Suite, Apt. #, etc. Suite 208 City & State Tampa, FL Zip 33609 Country USA		3. Mailing Office Address P.O. Box 320191 Suite, Apt. #, etc. City & State Tampa, FL Zip 33679 Country USA	
4. Date incorporated or Qualified To Do Business in Florida 9/23/99		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			
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 		Date 9/12/01	
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
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: 		Date 9/12/01 Daytime Phone # 813-288-6909	