

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 24 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0000002214

1. Corporation Name

DAIKIN U.S. CORPORATION

2. Principal Office Address

375 PARK AVENUE

Suite, Apt. #, etc.

SUITE 3308

City & State

NEW YORK, NY

Zip

10152

Country

USA

3. Mailing Office Address

375 PARK AVENUE

Suite, Apt. #, etc.

SUITE 3308

City & State

NEW YORK, NY

Zip

10152

Country

USA

4. Date incorporated or Qualified To Do Business in Florida

04/20/2000

5. FEI Number

13-3491447

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

RAUL ESPARZA

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

401 NW 136TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

REINSTATEMENT
FL 33173

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]

REGISTERED AGENT MUST SIGN

Date 12/22/2003

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 | INOUE, YOSHINOBU | 375 PARK AVENUE, SUITE 3308 | NEW YORK, NY 10152 |
| S | UEMURA, YOSHIYUKI | 375 PARK AVENUE, SUITE 3308 | NEW YORK, NY 10152 |
| T | AIKAWA, MASANORI | 375 PARK AVENUE, SUITE 3308 | NEW YORK, NY 10152 |
| | | | |
| | | | |

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/03

Date

(212) 935-4890

Daytime Phone #

CR2E081 (10/02)