

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 2:19

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name  
F93000005748  
I-LOGISTICS (USA) CORP.

2. Principal Office Address  
1830 205TH ST

3. Mailing Office Address  
1830 205TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TORRANCE, CA

City & State  
TORRANCE, CA

Zip  
90501

Country  
USA

Zip  
90501

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 12/20/1993

5. FEI Number  
132900579

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  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

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

*Michael J. Smith*  
Michael J. Smith  
Assistant Secretary  
REGISTERED AGENT MUST SIGN

Date 9.7.05

**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
Pres	Akira Umehara	1830 205th Street	Torrance, CA 90501
Sec	Tetsuya Take	1830 205th Street	Torrance, CA 90501
Treas	Tetsuya Take	1830 205th Street	Torrance, CA 90501
Director	Akira Umehara	1830 205th Street	Torrance, CA 90501
Director	Takao Kawai	1830 205th Street	Torrance, CA 90501
Director	Minoru Oomori	1830 205th Street	Torrance, CA 90501

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

Tetsuya Take / Secretary

09/02/05

(310)787-6575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)