

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

000345.150980

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT

HANKYU INTERNATIONAL TRANSPORT (USA), INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,800.00

*File First *
File before Amendment*

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 27

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002890			
1. Corporation Name: Hankyu International Transport (USA), Inc.			
2. Principal Office Address - No P.O. Box # 909 W. Irving Park Road		3. Mailing Office Address 909 W. Irving Park Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Itasca, IL		City & State Itasca, IL	
Zip 60143	County	Zip 60143	County
4. Date incorporated or Qualified To Do Business in Florida		5. FBI Number 95-2668593	
6. CERTIFICATE OF STATUS DESIRED ☐		6070 Affidavit sworn to as a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue			
Suite, Apt. #, etc.			
City Tallahassee		State FL	Zip Code 32301
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0805 or 607.0803, F.S.			
Signature of Registered Agent		Date <u>6/28/11</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		
10. E-mail Address: _____ (To be used for future annual report notification)			
11. 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, 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 607.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.166, F.S.			
SIGNATURE: _____		Date <u>6/27/2011</u> <u>630-385-7100</u> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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EXHIBIT A**Officers:**

Kazuma Tamura	President	909 Irving Park Road, Itasca, IL 60143
Kurt Moss	Senior Vice President	909 Irving Park Road, Itasca, IL 60143
Nobuyuki Harasaki	Vice President	909 Irving Park Road, Itasca, IL 60143
Tatsuya Kuriyama	Secretary	909 Irving Park Road, Itasca, IL 60143
Koji Shinohara	Treasurer	909 Irving Park Road, Itasca, IL 60143

Directors:

Toru Fujii	909 Irving Park Road, Itasca, IL 60143
Hiroshi Ojima	909 Irving Park Road, Itasca, IL 60143
Takanori Tada	909 Irving Park Road, Itasca, IL 60143
Kazuma Tamura	909 Irving Park Road, Itasca, IL 60143
Masashi Inoue	909 Irving Park Road, Itasca, IL 60143