PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.







FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

BENIHANA BRICKELL STATION CORP.

F9800000035

FILED

02 OCT 25 AM IO: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

						TALLAHADDEE, PLIBNIJA			
2. Principal Office Address 8685 NW 53rd TERRACE Suite, Apt. #, etc. SUITE 201 City & State MIAMI, FL Zip Country			8685 NW Suite, Apt. # SUITE 20 City & State MIAMI, F	MIAMI, FL		4. Date incorporated or Qualified To Do Business in Florida 1/05/98 5. FEI Number 65-0718214 Applied For Not Applicat			
33152		USA	33152	USA	. CERTIF	TFICATE OF STATE	US DESIRED To	5 Additional Fee require or a Certificate of Status	
			7.	Name and Address of Current	nt Registered Agent				
	Street Addre 526 E P Suite, Apt. #	Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E PARK AVENUE Suite, Apt. #, Etc.							
	City TALLAHA	ASSEE				State FL	Zip Code 32301		
8. I, being Signature (Registered		egistered agent of the ERVICES, IN	the above named corpo NC. Hand REGISTERED AG	oration, am familiar with and acc	cept the obligations of)	5/02	
9. Name	s and Street Add	tresses of Each Off	icer and/or Director (Fk	orida nonprofit corporations mus	est list at least 3 directr	ore)			
Titles		Name of Officers and/or Dir		Street Addres Officer and/or	ss of Each	113)	City / State /	/ Zip	
P,D	Joel A Sch	hwartz		8685 53rd Terrace, Suite 201		Miami	Miami, FL 33166		
S,T	Juan Garci	ia		8685 53rd Terrace, Suite 201		Miami	Miami, FL 33166		
VP,D	Taka Yosh	nimoto		8685 53rd Terrace, Suite 201		Miam	i, FL 33166		
VP,D	Michael R. Burris			8685 53rd Terrace, Suite 201		Miami	i, FL 33166		
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O. I certify that I am an officer of 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 filling 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JUAN GARCIA
MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLYDO

305-593-0770

Daytime Phone #

page 2002



8685 Northwest 53rd Terrace • Suite 201

Miami • Florida • 33166

Phone: (305) 593-0770 • Fax: (305) 592-6371

October 24, 2002

Florida Department of State Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

RE: BENIHANA BRICKELL STATION CORP.

Dear Sir/Madam:

Please be advised that we never received the original 2002 Uniform Business Report for the above referenced corporation. This may have been a result of "Suite 201" not appearing in our mailing address as reflected in your corporate records.

In view of the fact that we did not receive the original UBR form, I respectfully request that you reinstate the company for the original amount of \$150. Our check in that amount is enclosed.

Your favorable consideration will be greatly appreciated.

Sincerelly,

Juan Garcia Controller