

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000005928

1. Corporation Name

ICHIBAN, INC.

Principal Place of Business

Mailing Address

2411 S UNIVERSITY DR
DAVIE FL 33324

2411 S UNIVERSITY DR
DAVIE FL 33324

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1992

5. FEI Number

20-0128106

Applied For

~~05-0388503~~

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | MOON, KI JU | 2411 S. UNIVERSITY DRIVE | DAVIE FL 33324 |
| SD | SIM, OK SOON | 2411 S. UNIVERSITY DRIVE | DAVIE FL 33324 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHONG, KIM H.
14401 BEDFORD CT
DAVIE FL 33325

Name

MOON, KI JU

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

2411 S University Dr

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Ki Ju Moon

Date

Dec 1 2003

REGISTERED AGENT MUST SIGN

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 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:

Ki Ju Moon

/ KIJU MOON

Dec 1 2003

(954)

390-0769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 15, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ichiban, Inc.
2411 S. University Dr.
Davie, FL 33324
Document # P92000005928
FEI 65-0388503

To Whom It May Concern:

According to my conversation with Justin in the Division of Corporations on October 15, 2003, at 11:30 a. m. Enclosed you will find a check for \$150.00 made to Division of Corporations due to the fact that we never received paperwork in January 2003 to renew.

Thank You,

Ki Ju Moon,

Ki Ju Moon
President