	!	PLEAS	E READ /	ALL INST	RUCT	IONS	BEFORE (	COMPLET	ING THIS FO	ORM.	
APPLICATION FOR REINSTATEMENT					LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			FILED 01 NOV -5 AM 9: 36			
DOCUMENT # P93000077398  1. Corporation Name  ICHIBAN CHINESE RESTAURANT, INC.								SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business  Mailing Addi  1674 W HILLSBORO BLVD  DEERFIELD BEACH FL 33442  DEERFIELD B					1						
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili Suite, Apt. #, etc. Suite, Apt. #,					ing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 11/01/1993  5. FEI Number Applied For			
City & State  Zip Country			City & State  Zip C		Country		65-0445441 6. CERTIFICATE OF STATUS DESIRED			Not Applicable Additional Fee require Certificate of Status	
Title(s)	2 and/of Directors				Street Address of Each Officer and/or Director			1	4	City / State /	Zip
D LUU, THINH T  D LUU, HUNG VI					9880 NW 5TH CT				PLANTATION FL		
								40	100046 -1172970 ****150	<u>1=-010</u> 4	347 11-017 ***150.00
8. Name and Address of Current Registered Agent  Name								9. Name and Address of New Registered Agent			
LUU, THINH T 1674 W HILLSBORO BLVD DEERFIELD BEACH FL 33442						Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				State Z	ip Code
10. I, being	of E		gent of the abov	•	·		and accept the ol	bligations of Secti	on 607.0505, F.S.	10-2	P-W

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10-23-41

Daytime Phone #



## LEVENSON, KATZIN & BALLOTTA, P.A. CERTIFFED PUBLIC ACCOUNTANTS

3801 Hollywood Boulevard Hollywood, Florida 33021-6729 Broward (954) 961-7940 Dade (305) 653-2550 North Broward (954) 525-2550 Telefax: Broward (954) 961-8144 Dade (305) 651-7379 Michael R. Ballotta, C.P.A. Raymond A. Ballotta, C.P.A. Alfred J. Katzin, C.P.A. Maurice E. Levenson, C.P.A.

Lynne D. Packar, C.P.A. W. Jay Rechtman, C.P.A. Steven G. Rosen, C.P.A.

October 29, 2001

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

RE: Ichiban Chinese Restaurant, Inc.
Document Number: P93000077398

Dear Sir/Madam:

I am writing on behalf of my above-mentioned client regarding your notice of dissolution.

Enclosed is their check for \$150.00, which is the original annual report fee. I am asking your kind consideration in abating additional fees, in that Ichiban is a small family Chinese Restaurant and they bring to my office on a monthly basis all of their tax and government forms, which we pay monthly, on a timely basis.

Apparently, I am certainly puzzled, but my client had never received the original request form or the second notice of the annual report. If they did it would have been paid immediately.

Your cooperation in this matter will be greatly appreciated. This client always acts in good faith by filing and paying all taxes on a timely basis. I have been the family accountant for over fourteen year and I can confidently vouch for their integrity. Thank you.

Raymord A. Ballotta, CPA

RAB: jag

Enclosure

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