

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



98-99 AR
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

99 MAR -8 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056120

1. Corporation Name

ICHI BAN AT BOCA RATON, INC.

Mailing Address

Principal Place of Business

8841 GLADES ROAD
BOCA RATON, FL 33434

700002806127--6
-03/15/93--01114--014
****300.00 ****300.00

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Sought To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

City & State

City & State

6. DATE OF STATE DESS REQ

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)

1. Titles	2. Name of Officers and or Directors	3. Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
P	KIM, CHONG H.	14401 BEDFORD CT	DAVIE FL 33325

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIM, CHONG H.
14401 BEDFORD CT
DAVIE, FL 33325

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City, State, Zip Code
FL

10. I am being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.01(5), F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on filing the tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(A) in the event that the information supplied is deemed exempt from public access. I further certify that when 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., and that all fees owed by the corporation have been paid. 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: *Chong H. Kim*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/99 561-441-0420
Date Daytime Phone #

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**ICHIBAN AT BOCA RATON, INC.
8841 GLADES ROAD
BOCA RATON, FL 33434**

Tel (561) 451-0420

March 3, 1999

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


Re: Request for reinstatement
Document #: P97000056120

Dear sir or madam,

This is in request for a reinstatement of our corporation. We did not receive the annual report in 1998 that caused our corporation being dissolved. We have enclosed \$300.00 (fee for 1998 and 1999) along with reinstatement application.

Please update your record as the information appears on the reinstatement application and abate any penalty if there is. Contact us if you have any questions.

Sincerely,


Chong H. Kim
President