


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 25 PM 4:21

**DOCUMENT # P97000056120**

1. Corporation Name  
**ICHIBAN AT BOCA RATON, INC.**

Principal Place of Business <b>8841 GLADES ROAD BOCA RATON FL 33434</b>	Mailing Address <b>8841 GLADES ROAD BOCA RATON FL 33434</b>
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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 <b>06/25/1997</b>	
5. FEI Number <b>65-1726195</b>	Applied For <input type="checkbox"/> Not Applicable.
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KIM, CHONG H	14401 BEDFORD CT	DAVIE FL 33325
			200004679182--6 -11/14/01--01081--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	
<b>KIM, CHONG H</b> <b>14401 BEDFORD CT</b> <b>DAVIE FL 33325</b>	

9. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	<b>FL</b>

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.

Signature of Registered Agent *[Signature]* **REGISTERED AGENT MUST SIGN** Date 10/23/01

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]* **CHONG KIM.** Date 10/23/01 Daytime Phone # 561-892-4565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/01)