

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -2 AM 9:55

DOCUMENT # P97000056120

1. Corporation Name

ICHIBAN AT BOCA RATON, Inc

REINSTATEMENT 04-06

2. Principal Office Address

8841 GLADES ROAD

3. Mailing Office Address

8841 GLADES ROAD

12/20/04 01077 001 # 558.25
CR2E081 (12/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/97

5. FEI Number

65-0726195

Applied For

Not Applicable

Zip

33434

Country

USA

Zip

33434

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHONG Kim

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

14401 BEDFORD COURT

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33325

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Chong Kim

REGISTERED AGENT MUST SIGN

Date

12/22/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	CHONG Kim	14401 BEDFORD COURT	DAVIE, FL 33325
V-Pres	MI YEON Kim	14401 BEDFORD COURT	DAVIE, FL 33325

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10. 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 contained in Chapter 119, 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:

Chong Kim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/22/06

Daytime Phone #