

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 21 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056120

1. Corporation Name

ICHIBAN AT BOCA RATON, INC.

Principal Place of Business

Mailing Address

8841 GLADES ROAD
BOCA RATON FL 33434

8841 GLADES ROAD
BOCA RATON FL 33434



03

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

4. Date Incorporated or Qualified To Do Business in Florida

06/25/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1726195

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
V	MI, YEON KIM	14401 BEDFORD CT	DAVIE FL 33325

200023965032
10/21/03--01038--025 **150.00

REINSTATEMENT

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

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

OCT 15, 2003

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

OCT 15, 2003

Date

954.4466
288.4466

Daytime Phone #

CR2E040 (7/03)

2092

October 15, 2003

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

Ichiban at Boca Raton, Inc
8841 Glades Rd
Boca Raton, FL 33434
Document # P97000056120
FEI 65-1726195

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,



Mi Yeon Kim
Vice President