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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 OCT 24 AM 11:16  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F06000002035					
1. Corporation Name <b>Kabobs, Inc.</b>					
2. Principal Office Address - No P.O. Box # <b>5423 North Lake Drive</b>			3. Mailing Office Address <b>5423 North Lake Drive</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Lake City, Georgia</b>			City & State <b>Lake City, Georgia</b>		
Zip <b>30260</b>	Country <b>USA</b>	Zip <b>30260</b>	Country <b>USA</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>March 28, 2006</b>	
5. FEI Number <b>581416346</b>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED				9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>CT Corporation System</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>					
Suite, Apt. #, Etc.					
City <b>Plantation</b>		State <b>FL</b>	Zip Code <b>33324</b>		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0205 or 617.0503, F.S.					
Signature of Registered Agent <i>Connie Bryan</i> REGISTERED AGENT MUST SIGN				Date <b>10/24/08</b>	
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	
	<b>See Attached List</b>				
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: <i>Rene D. Biedzinski</i>		Rene D. Biedzinski		Date <b>10/23/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>414-456-5700</b>	

REINSTATEMENT

CR2E081 (10/08)

<b>Title</b>	<b>Name</b>	<b>Street Address</b>	<b>City/ State/ Zip</b>
P	Schneider, Gilbert	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
✓ V	Cullo, Jr., Leonard A.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
V	Gaertner, David J.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
V	McMenamin, Edward J.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
V	Moran, David C.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
V	Pryce, Antony J.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
V	Crowe, John C.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
S	Biedzinski, Rene D.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
✓ T	Cullo, Jr., Leonard A.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
A/S	Beck, Amelia L.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
A/S	Guinee, Patrick J.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
A/T	Beard, Richard P.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
A/T	Hilliard, Lee Ann	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
A/T	Johnston, Robert M.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
A/T	Nichols, Kristine	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
A/T	Protopapa, Joann D.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222
A/T	Thomas, Kathryn R.	1 PPG Place, Suite 3100	Pittsburgh / PA / 15222

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Florida Department of State  
Division of Corporations  
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CORPORATION REINSTATEMENT

KABOBS, INC.

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