

1 of 3

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F87000002880

1. Corporation Name
A & W Restaurants, Inc.

2. Principal Office Address - No P.O. Box # 1648 Mcgrathlana Pkwy	3. Mailing Office Address 1648 Mcgrathlana Pkwy
City & State Lexington, KY	City & State Lexington, KY
Zip 40511-1339	Zip 40511-1339
Country USA	Country USA

REINSTATEMENT 08-13

4. Date incorporated or qualified to do business in Florida
05/03/1997

5. FRI NUMBER
95-1627375

6. CERTIFICATE OF STATUS DESIRED **10.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is not acceptable)
1200 SO PINE ISLAND RD

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0808 or 617.0503, F.S.

Signature of Registered Agent *Connie Bryan* **Connie Bryan** Date **4/26/2013**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
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See Attached

10. E-mail Address: **banks@awrestaurants.com**

(To be used for future correspondence)

11. I certify that I am an officer or director of the (applicant or licensee) 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 607.0461 or 617.0461, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

SIGNATURE: *Jenial Banks* **JENIAL BANKS** Date **4-23-13** 859-721-1328

SIGNATURE AND TITLED OR PRINTED NAME OF OFFICER OR DIRECTOR

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OFFICERS AND DIRECTORS

A & W RESTAURANTS, INC.

NAME	TITLE
Kevin M. Bazner	President-Director
Paul Martino	Vice President-Director
E Dale Mulder	Chairman
Jeana L. Banks	Secretary
Cee Kiong	Director

All located at 1648 McGrathiana Parkway, Suite 380, Lexington, KY 40511

(1/3)
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Division of Corporations

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Florida Department of State
Division of Corporations
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A & W RESTAURANTS, INC.

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