

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN -6 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003396

1. Corporation Name

WOLFGANG PUCK FOOD COMPANY, INC.

Principal Place of Business

Mailing Address

1333 2ND ST.  
SANTA MONICA CA 90401

1333 2ND ST.  
SANTA MONICA CA 90401

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 To Do Business in Florida

5. FEI Number

95-4100729

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	PUCK, WOLFGANG	8795 SUNSET BLVD.	LOS ANGELES CA 90069
D	LAZAROFF, BARBARA	805 N. SIERRA DR.	BEVERLY HILLS CA 90210
D	CHU, MICHAEL	115 E. PUTMAN AVE.	GREENWICH CT 06830
D	VEST, FRANK	ONE BRIDGE ST., #205	CHARLESTON WV 25301
<del>D</del>	<del>FRIEND, LARRY</del>	<del>3333 MICHELSON DR., #650</del>	<del>IRVINE CA 92715</del>
D	KARAS, DONALD	1405 SW 6TH CT.	POMPANO BEACH FL 33069

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address

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.

Signature of Registered Agent

*D.I. Farber*  
D.I. Farber, Ass't. Sec'y

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

200002740672--5

Date 01/13/99 01103-008

\*\*\*150.00 \*\*\*150.00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/98

CR2E040 (9/98)