

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR -4 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97-00000-3396

1. Corporation Name
Wolfgang Puck Food Company, Inc.
DBA: Wolfgang Puck Casual Dining
Wolfgang Puck Cafe

900004014238--1
-04/17/01--D1109--005
****300.00 ****300.00

2. Principal Office Address 100 N. Crescent Dr.		3. Mailing Office Address same	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc.	
City & State Beverly Hills, CA		City & State	
Zip 90210	Country USA	Zip	Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 1997 SP	
5. FEI Number 95-4100729	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
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 section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date 4/1/01

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
P/S T/D	Kauz, Rob F.	2901 Corda Lane	Los Angeles, CA 90049
c/D	Puck, Wolfgang J.	805 N. Sienna Dr.	Beverly Hills, CA 90210
D	Karas, Don A.	7226 Valencia Dr.	Boca Raton, FL 33433
D	Lawrie, Judith P.	63 Fairview Road	Weston, MA 02443
D	Sculley, David	Blackburn Road	Sewickley, PA 15142
VP	Takahashi, Larry	508 Calle Mayor	Redondo Beach, CA 90277

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 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]* Larry Takahashi Date 4-2-01 (310) 432-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)