

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC 11 PM 12:01

DOCUMENT # **820415**  
1. Corporation Name  
**BASKIN-ROBBINS USA CO.**

2. Principal Office Address  
**31 Baskin-Robbins Place**  
Suite, Apt. #, etc.  
City & State  
**Glendale**  
Zip  
**CA** Country  
**91201**

3. Mailing Office Address  
**31 Baskin-Robbins Place**  
Suite, Apt. #, etc.  
City & State  
**Glendale**  
Zip  
**CA** Country  
**91201**

**REINSTATEMENT 02**

4. Date Incorporated or Qualified To Do Business in Florida **05/05/1967**

5. FEI Number **95-2273966** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$875 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 S. Pine Island Road** **800003510758 -- 2**  
Suite, Apt. #, Etc. **\*\*\*\*750.00 \*\*\*\*750.00**

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 **Lauren Kretzky** **LAUFEN H. KREATZ,** SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN Date **12/18/00**

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>Please see attached list</b>			
			<b>12/14</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 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: **Jennie Wilson** **12-5-00** (781) 961-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

**CEO, PRESIDENT & DIRECTOR**

John D. Shafer, Jr.  
29 Reynolds Way  
Duxbury, MA 02332

**CFO, VICE PRESIDENT & DIRECTOR**

Paul Leech  
100 Pond S., Unit 82  
Cohasset, MA 02025

**VICE PRESIDENT, SECRETARY & DIRECTOR**

Stephen Horn  
8113 Rayburn Rd.  
Bethesda, MD 20817

**VICE PRESIDENT, FINANCE & TREASURER**

Jennie Wilson  
382 Mt. Blue Street  
**Norwell, MA**

**DIRECTORS**

Stephen Russo  
5 Timberland Drive  
Lincoln, RI 02865

Will Kussell  
22 Louart Drive  
Needham, MA 02194

RoJean DeChantal  
74 Branch St., #5  
Scituate, MA 02066