

**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

3. Mailing Office Address

31 Baskin-Robbins Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glendale

City & State

Glendale

Zip

CA

Country

91201

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

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

800003510758 -- 2

-12/21/00--01077--012

****750.00 ****750.00

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.

LAUFEN H. KREATZ,

Signature of

Registered Agent

Lauren 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
	Please see attached list		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennie Wilson

Jennie Wilson

Date

12-5-00

Daytime Phone #

(781) 961-4000

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