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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

CORPORATION REINSTATEMENT

SHAKE'S FROZEN CUSTARD, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # F01000003071

1. Corporation Name
Shake's Frozen Custard, Inc.

REINSTATEMENT 07-09

2. Principal Office Address		**3.** Mailing Office Address	
2797 North College		2797 North College	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: Fayetteville, AR		City & State: Fayetteville, AR	
Zip: 72703	Country: USA	Zip: 72703	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/4/2001

5. FEI Number: 43-1870866 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1203 Governors Square Blvd,

Suite, Apt. #, Etc.: Suite 101

City: Tallahassee — State: FL — Zip Code: 32301-2960

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: Mark Williams, A.V.P., Business Filings Incorporated — Date: 8/24/09

REGISTERED AGENT MUST SIGN

CR2E081 (8/31)

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
Dir./VP	Donald Osborne	3101 Jessica	Joplin, Missouri 64804
Dir./Pres/ Sec./ Treas.	Debra Osborne	3101 Jessica	Joplin, Missouri 64804

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: Debra Osborne, President — 08-20-09 — 479-587-9115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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