

182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 OCT -7 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600277848046

CR2808 (11/10)

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **FO2000000688**

1. Corporation Name  
**Wolfgang Puck Worldwide, Inc**

|  |                       |  |                       |
|--|-----------------------|--|-----------------------|
| 2. Principal Office Address - No P.O. Box #<br><b>8687 Melrose Ave</b> |                       | 3. Mailing Office Address<br><b>8687 Melrose Ave</b> |                       |
| Suite, Apt. #, etc.<br><b>B 315</b>                                    |                       | Suite, Apt. #, etc.<br><b>B 315</b>                  |                       |
| City & State<br><b>West Hollywood, CA</b>                              |                       | City & State<br><b>West Hollywood, CA</b>            |                       |
| Zip<br><b>90069</b>  | Country<br><b>USA</b> | Zip<br><b>90069</b>                                  | Country<br><b>USA</b> |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**95-4809367**

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

7. Name and Address of Current Registered Agent

Name  
**CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**

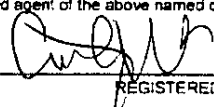
Suite, Apt. #, Etc.

City  
**TALLAHASSEE**

State  
**FL**

Zip Code  
**32301**

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  **Courtney Williams** Date **10.07.15**

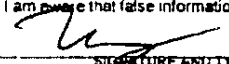
REGISTERED AGENT MUST SIGN **Asst. Vice President**

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            |
|------------------|-----------------------------------|--|-------------------------------|
| <i>President</i> | <b>Joseph C. Esch</b>             | <b>8687 Melrose Ave, B315</b>                  | <b>W. Hollywood, CA 90069</b> |
| <i>Secretary</i> | <b>TINA YANG</b>                  | <b>8687 Melrose Ave, B315</b>                  | <b>W. Hollywood, CA 90069</b> |
|                  |                                   |  |                               |
|                  |                                   |  |                               |

10. E-mail Address: **tina.yang@wolfgangpuck.com**  
(To be used for future annual report notification)

11. 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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:  **TINA YANG** Date **10/06/15** Daytime Phone # **310 432 1539**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2052

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 822662 5160045

AUTHORIZATION :

*Spud Coleman*

COST LIMIT : \$ 750.00

ORDER DATE : October 6, 2015

ORDER TIME : 9:21 AM

ORDER NO. : 822662-005

CUSTOMER NO: 5160045

REINSTATEMENT

NAME: WOLFGANG PUCK WORLDWIDE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
2015 OCT - 7 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA