


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 17 PM 2:34

DOCUMENT # F06000006913 1. Entity Name FATBURGER RESTAURANTS, USA, INC.	
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Principal Place of Business 301 ARIZONA AVE SUITE 200 SANTA MONICA, CA 90401	Mailing Address 301 ARIZONA AVE SUITE 200 SANTA MONICA, CA 90401
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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02122008	REIN-P	CR2E098 (1/07)
4. FEI Number 65-1270371	Applied For <input type="checkbox"/> Not Applicable	

6. Name and Address of Current Registered Agent PARACORP INCORPORATED 236 EAST 6TH AVE TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City _____ FL Zip Code _____
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Winh Ho, Asst. Secretary, Paracorp Incorporated DATE: 3/2/08

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> Delete
NAME	WIEDERHORN, ANDY
STREET ADDRESS	1410 S.W. JEFFERSON ST
CITY-ST-ZIP	PORTLAND, OR 972012548
TITLE	D <input type="checkbox"/> Delete
NAME	COLEMAN, DON
STREET ADDRESS	1410 S.W. JEFFERSON ST
CITY-ST-ZIP	PORTLAND, OR 972012548
TITLE	D <input type="checkbox"/> Delete
NAME	DALE-JOHNSON, DAVID
STREET ADDRESS	1410 S.W. JEFFERSON ST
CITY-ST-ZIP	PORTLAND, OR 972012548
TITLE	PST <input checked="" type="checkbox"/> Delete
NAME	WARLICK, KEITH
STREET ADDRESS	301 ARIZONA AVE SUITE 200
CITY-ST-ZIP	SANTA MONICA, CA 90401
TITLE	VP <input type="checkbox"/> Delete
NAME	HETRICK, BENTLEY
STREET ADDRESS	301 ARIZONA AVE SUITE 200
CITY-ST-ZIP	SANTA MONICA, CA 90401
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	100121254711
CITY-ST-ZIP	03/25/08--01056--018 **900.00
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	B 3/17/08
STREET ADDRESS	REINSTATEMENT 07-08
CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	VP Seymour Floyd
STREET ADDRESS	301 Arizona Ave #301
CITY-ST-ZIP	Santa Monica, CA 90401

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Seymour Floyd DATE: 3/7/08 (310) 319-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seymour Floyd