

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -8 AM 11:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F95000003797**

1. Corporation Name

BARBEQUES GALORE, INC

2. Principal Office Address

10 ORCHARD ROAD

Suite, Apt. #, etc.

200

City & State

LAKE FOREST, CA

Zip

92630

Country

USA

3. Mailing Office Address

10 ORCHARD ROAD

Suite, Apt. #, etc.

200

City & State

LAKE FOREST CA

Zip

92630

Country

USA

REINSTATEMENT

03-04

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

8-7-95

5. FEI Number

953431529

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

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD.

Suite, Apt. #, Etc.

City

PLANTATION

000038585670

03/16/04--01108--004 **750.75

000030585670

03/16/04--01108--005 **150.00

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

[Signature]

Date

MARCH 6, 2004

REGISTERED AGENT MUST SIGN

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
CHAIRMAN	SYDNEY SELATI	10 ORCHARD RD, STE 200	LAKE FOREST, CA 92630
CEO	MICHAEL LINDBLAD	10 ORCHARD RD, STE 200	LAKE FOREST, CA 92630
EXEC VP	BEN RAMSEY	10 ORCHARD RD, STE 200	LAKE FOREST, CA 92630
CFO	KEVIN RALPHS	10 ORCHARD RD, STE 200	LAKE FOREST, CA 92630
VP	MICHAEL VARLEY	10 ORCHARD RD, STE 200	LAKE FOREST, CA 92630

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]

KEVIN RALPHS

2/28/04

Date

(949) 597-2400

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)