

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR -4 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97-00000-3396

1. Corporation Name

Wolfgang Puck Food Company, Inc.
DBA: Wolfgang Puck Casual Dining
Wolfgang Puck Cafe

900004014238--1

04/17/01--01109--005

***300.00 ***300.00

2. Principal Office Address

100 N. Crescent Dr.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Beverly Hills, CA

City & State

Zip

90210

Country

USA

Zip

Country

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

1997

5. FEI Number

95-4100729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

50-01

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

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]
REGISTERED AGENT MUST SIGN

Date 4/1/01

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
P/S T/D	Kauz, Rob F.	2901 Corda Lane	Los Angeles, CA 90049
c/D	Puck, Wolfgang J.	805 N. Sienna Dr.	Beverly Hills, CA 90210
D	Karas, Don A.	7226 Valencia Dr.	Boca Raton, FL 33433
D	Lawrie, Judith P.	63 Fairview Road	Weston, MA 02443
D	Sculley, David	Blackburn Road	Sewickley, PA 15142
VP	Takahashi, Larry	508 Calle Mayor	Redondo Beach, CA 90277

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

[Signature] Larry Takahashi

Date

4-2-01

Daytime Phone #

(310) 432-1503

CR2E081 (9/00)