

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 26 PM 1:24

DOCUMENT # N48261

1. Corporation Name

Chain Restaurant Compensation Association, Incorporated.

300065562423
02/10/06--01006--001 ***428.75

2. Principal Office Address

1675 N. Buena Vista Drive

Suite, Apt. #, etc.

Suite 325

City & State

Lake Buena Vista, FL

Zip
32830

Country
USA

3. Mailing Office Address

1675 N. Buena Vista Drive

Suite, Apt. #, etc.

Suite 325

City & State

Lake Buena Vista, FL

Zip
32830

Country
USA

REINSTATEMENT

CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1992

5. FEI Number

650328165

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

Craig Hauser

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

1675 N. Buena Vista Drive

Suite, Apt. #, Etc.

Suite 325

City

Lake Buena Vista

State
FL

Zip Code

32830

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 01-25-2006

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 | Craig Hauser | 1675 N. Buena Vista Drive, Suite 325 | Lake Buena Vista, FL 32830 |
| V | Stephanie Gooden | 808 W 20th Street | Cheyenne, WY 82001 |
| V | Ann Tincher | 2470 Palumbo Drive | Lexington, KY 40509 |
| S/T | Lisa Sorce | 15822 Bernardo Center Drive, #A | San Diego, CA 92127 |
| D | Gloria Mannino | 4201 Marsh Lane | Carrollton, TX 75007 |
| D | Carla Warner | 2211 Woodward Avenue | Detroit, MI 48201 |

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 contained in Chapter 119, 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]

CRAIG T. HAUSER

01-25-2006

407-828-2423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AS PRESIDENT OF CRCA, INC.

1/30/06