

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000055196

1. Corporation Name

POST RESTAURANTS, INC.

Principal Place of Business

6821 W HILLSBOROUGH
1A
TAMPA FL 33615
US

Mailing Address

6821 W HILLSBOROUGH, SUITE 11
TAMPA FL 33615

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3910 S. DALE MABRY HWY

Suite, Apt. #, etc.

SUITE B

City & State

Tampa, FL

Zip

33611-1404

Country

USA

3. New Mailing Office Address, If Applicable

3904 DORAL DR.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1996

5. FEI Number

59-3400370

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|---|
| VP | STEVE HASKINS | 6508 HAVEN COURT 8709 ARBOR PARK | FT WORTH TX DALLAS, TX 75243 |
| PRESIDENT | GREGORY D. POST | 3904 Doral Dr. | Tampa, FL 33634 |
| | | | 300003082249--C -12/28/99--01070--015 ****750.00 ****750.00 |
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REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

POST, GREG
7102 TRTSAIL CIRCLE
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

GREG POST

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

3904 DORAL DR

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33634

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/10/99

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., 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/99

Date

813-931-0282

Daytime Phone #