


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p style="font-size: 2em;">(1)</p> <p>FILED 97 JAN -8 AM 8:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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DOCUMENT # V63482

1. Corporation Name
WEST ROASTER, INC.

8/23/96

<p>Principal Place of Business C/O G.T. McDONALD ENTER. 7951 S.W. 6TH STREET #112 PLANTATION, FL 33324</p>	<p>Mailing Address C/O G.T. McDONALD ENTER. 7951 S.W. 6TH ST. #112 PLANTATION, FL 33324</p>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>	<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>	<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p>4. Date Incorporated or Qualified To Do Business in Florida 9/11/92</p> <p>5. FEI Number 65-0382402</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	MCDONALD, GERALD T. 7951 S.W. 6TH ST. #112 PLANTATION, FL 33324		

REINSTATEMENT 96-97 11/8/97

<p>8. Name and Address of Current Registered Agent</p> <p>LEVINE, BRUCE M. 5310 N.W. 33RD AVE. #119 FT. LAUDERDALE, FL 33309</p>	<p>9. Name and Address of New Registered Agent</p> <p>Name CORPORATION SERVICE COMPANY</p> <p>Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET</p> <p>Suite, Apt. #, Etc.</p> <p>City TALLAHASSEE</p> <p>State FL</p> <p>Zip Code 32301</p>
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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 Laura R. Dunlap **Laura R. Dunlap, as agent for** 1/8/97
Date

REGISTERED AGENT MUST SIGN Corporation Service Company

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] **1-7-97 954-4758332**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

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PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 214841 7105984

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : \$ 915.00

ORDER DATE : January 8, 1997

ORDER TIME : 12:45 PM

ORDER NO. : 214841-005

800002051506--4

CUSTOMER NO: 7105984

CUSTOMER: Ms. Audrey Frahm
Gt Food Services, Inc.
Suite 112
7951 S. W. 6th Street
Fort Lauderdale, FL 33324

DOMESTIC FILINGS

NAME: WEST ROASTER, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS _____

RECEIVED
JAN - 8 PM 1:38
:ION OF CORPORATION