


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; line-height: 40px; margin: 0 auto;">1</div> FILED 97 JAN -8 AM 8:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V63482 1. Corporation Name WEST ROASTER, INC.					
Principal Place of Business Mailing Address C/O G.T. McDONALD ENTER. C/O G.T. McDONALD ENTER. 7951 S.W. 6TH STREET #112 7951 S.W. 6TH ST. #112 PLANTATION, FL 33324 PLANTATION, FL 33324					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9/11/92	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0382402	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable	
				\$8.75 Additional Fee required for a Certificate of Status	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
PRES.	McDONALD, GERALD T. 7951 S.W. 6TH ST. #112 PLANTATION, FL 33324				
REINSTATEMENT 96-97					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
LEVINE, BRUCE M. 5310 N.W. 33RD AVE. #119 FT. LAUDERDALE, FL 33309			Name CORPORATION SERVICE COMPANY		
			Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET		
			Suite, Apt. #, Etc.		
			City TALLAHASSEE		
			State FL		
			Zip Code 32301		
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, as agent for Corporation Service Company Date 1/8/97			
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
(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:  **1-7-97** 954-475-8332
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)

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

800-342-8086

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 214841 7105984

AUTHORIZATION :

COST LIMIT : \$ 915.00

Patricia Pizzuto

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
DIVISION OF CORPORATION