


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 17 PM 2:34

<b>DOCUMENT # F06000006913</b> 1. Entity Name <b>FATBURGER RESTAURANTS, USA, INC.</b>	
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Principal Place of Business <b>301 ARIZONA AVE SUITE 200 SANTA MONICA, CA 90401</b>	Mailing Address <b>301 ARIZONA AVE SUITE 200 SANTA MONICA, CA 90401</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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02122008 REIN-P CR2E098 (1/07)

4. FEI Number <b>65-1270371</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>PARACORP INCORPORATED 236 EAST 6TH AVE TALLAHASSEE, FL 32303</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Winh Ho, Asst. Secretary, Paracorp Incorporated DATE: 3/2/08

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> WIEDERHORN, ANDY 1410 S.W. JEFFERSON ST PORTLAND, OR 972012548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100121254711</b> <b>03/25/08--01056--018 **900.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> COLEMAN, DON 1410 S.W. JEFFERSON ST PORTLAND, OR 972012548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>B 3/17/08</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DALE-JOHNSON, DAVID 1410 S.W. JEFFERSON ST PORTLAND, OR 972012548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 07-08</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> WARLICK, KEITH 301 ARIZONA AVE SUITE 200 SANTA MONICA, CA 90401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> HETRICK, BENTLEY 301 ARIZONA AVE SUITE 200 SANTA MONICA, CA 90401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP</b> <b>Seymour Floyd</b> <b>301 Arizona Ave #301</b> <b>Santa Monica, CA 90401</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Seymour Floyd DATE: 3/7/08 (310) 319-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Seymour Floyd*