PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC -8 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # L99000003928

1. Limited Liability Company's Name

Fifth Intercontinental Florida Blimpie Leasing, LLC.

2. Principal Office Address	**3.** Mailing Office Address
1775 The Exchange	1775 The Exchange
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Atlanta, GA	City & State: Atlanta, GA
Zip: 30339 Country: US	Zip: 30339 Country: US

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 58-2167437 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: United Corporate Services, Inc.

000003500810--1
-121400--0102--09
****100.00 ****100.00

Street Address (P.O. Box Number is Not Acceptable): 9200 South Dadeland Blvd.

Suite, Apt. #, Etc.: Ste 508

City: Miami, State: FL Zip Code: 33156

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Michael A. Barr Date: 12/3/00

Michael A. Barr, President
REGISTERED AGENT MUST SIGN

CR2E041 (9/99)

10. Names and Street Addresses of Managing Members/Managers

000003500811--8
-121400--0102--09
****50.00 ****50.00

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	
MGR	David L. Siegel	740 Broadway	NY, NY 10003
MGR	Charles Leaness	740 Broadway	NY, NY 10003

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager: Charles Leaness Date: 11/27/00 Daytime Phone #: 770)984-2707

Typed or printed name of signing Managing Member/Manager: Charles Leaness