


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

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REINSTATEMENT 2000

DOCUMENT # L99000003932

1. Limited Liability Company's Name
 Fourth Intercontinental Florida
 Blimpie Leasing, LLC

2. Principal Office Address		3. Mailing Office Address	
United Corporate Services, Inc. Suite, Apt. #, etc. 9200 South Dadeland Blvd. City & State Miami, FL Zip 33156 Country		Blimpie International, Inc. Suite, Apt. #, etc. 1775 The Exchange, #600 City & State Atlanta, GA Zip 30339 Country	

4. State/Country of Formation
 FL

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
 605-0533089

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. 100003500791--2
 Street Address (P.O. Box Number is Not Acceptable)
 9200 South Dadeland Blvd -12/14/00-01012-010
 Suite, Apt. #, Etc.
 Suite 508 ****100.00 ****100.00

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 11/3/00
 REGISTERED AGENT MUST SIGN
Michael A. Barr - President

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	200003500792--9 -12/14/00-01012-011 *****50.00 ****50.00
MGR	David L. Siegel	740 Broadway	NY, NY 10003
MGR	Charles Leanness	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 Leanness Date 11/27/00 Daytime Phone # 770-984-2707
 Typed or printed name of signing Managing Member/Manager Charles Leanness

CR2E041 (9/00)