PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | FILED 09 NOV 17 AM 8: 29 |
|---|--------------------------------------|------|--|---|---|----------------------|-------|--|---|
| DOCUMENT # P05000124281 1. Corporation Name | | | | | | | r | SECRETARY OF STATE ALLAHASSEE, FLORIDA | |
| Subway of Missouri Ave., Inc. | | | | | | |) | <u>9</u> 0162884492 | |
| · · · | | | | | Office Address | | | _11/1 | %,09,=,Q1032004 **300.00 |
| 1111 Missouri Ave. 815 P | | | | | atton Ave. | | | REIN | 5 A CR2E081 (11/09) - P-R-09 |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | | etc. | | | 4. Date Incom | porated or Qualified |
| City & State City & State | | | | | | | | | iness in Florida 09/09/2005 |
| Largo, FL. | | | | Asheville, NC | | | | 5. FEI Number 20-39251: | |
| zip 33770 | | | | ^{Zip} 28806 | | Coun | = | 6. | E OF STATUS DESIRED \$\frac{\\$8.75\text{ Additional Fee required for a Certificate of Status}} |
| 7. Name and Address of Current Registered Agent | | | | | | | | | |
| Name Joseph Emanuel Street Address (P.O. Box Number is Not Acceptable) 13200 SW 128th Street Suite, Apt. #, Etc. Suite F2 City Miami | | | | | State Zip Code FL 33186 | | | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | | | | | | ulaloe |
| 9. Names and Street Address es of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | | | |
| Titles | Name of Officers and/or Directors | | | | Street Address of Each Officer and/or Director | | | | City / State / Zip |
| Р | Khali | hmad | | 505 Pinchot Drive | | | | Asheville, NC 28803 | |
| V | Ghalel | wan | | 68 Tunnel Road | | | | Asheville, NC 28805 | |
| TS | James Robbins | | | | | 164 Brookfield Drive | | | Forest City, NC 28043 |
| | | - | | | | | | | |
| 10. E-mail Address: micobusiness@charter.net | | | | | | | | | |
| (To be used for future annual report notification) 11. 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 filling | | | | | | | | | |
| 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., that all fees owed by the corporation have been paid. I further certify 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: The signature and typed or printed name of signing officer or director Date Daytime Phone # | | | | | | | | | |