

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

Handwritten initials

DOCUMENT # L99000003902

1. Limited Liability Company's Name
Second Orlando Area Blimpie Realty, LLC

REINSTATEMENT 2000

2. Principal Office Address <u>9200 S. Dadeland Blvd.</u> Suite, Apt. #, etc. <u>Suite 508</u> City & State <u>Miami, FL</u> Zip <u>33156</u> Country		3. Mailing Office Address <u>1775 The Exchange</u> Suite, Apt. #, etc. <u>#600</u> City & State <u>Atlanta, GA</u> Zip <u>30339</u> Country		4. State/Country of Formation <u>FL</u>	
5. Date Organized or Qualified To Do Business in Florida		6. FEI Number <u>45-0540281</u>		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
United Corporate Services, Inc.

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

Suite, Apt. #, Etc.
Suite 508

City
Miami

State
FL

Zip Code
33156

400003499924-9
 -12/13/00--01077-018
 *****50.00 *****50.00

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
Michael A. Barr - President

Date
11/31/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	<u>David L. Siegel</u>	<u>740 Broadway</u>	<u>NY, NY 10003</u>
MGR	<u>Charles Leavess</u>	<u>740 Broadway</u>	<u>NY, NY 10003</u>
			400003499924-9 -12/13/00--01077-032 ****100.00 ****100.00

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 Leavess

Date
11/27/00

Daytime Phone #
770) 984-5707

Typed or printed name of signing Managing Member/Manager
Charles Leavess

CR2E041 (9/00)