2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J34811 1. Entity Name FILED SUBWAY ADVENTURES, INC. 07 DEC 11 PH 3: 25 Principal Place of Business Mailing Address IALLAMASSEE, FLORIDA 537-A SILVER SLIPPER LANE 4014 KILMARTIN DRIVE TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32309 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4014 Kilmartin Drive 1030 REINSTATEMENT Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For Tallahassee, FL 59-2734498 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 3,2309 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BIELBY, LORENCE JON** Street Address (P.O. Box Number is Not Acceptable) 101 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301 City Zip Code 8. The above named entity: ubmits 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 register 11.28.07 SIGNATURE FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Р TITLE Delete TITLE ۴ Change Addition Walker, David W. 4014 Kilmartin Orive WALKER, DAVID W. NAME NAME STREET ADDRESS 4014 KILMARTEN DRIVE STREET ADDRESS Tollohassee, FL 32309 CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME 900112045179 STREET ADDRESS STREET ADDRESS **750.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 w SIGNATURE:

Davame Phone #