

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L99000003902

1. Limited Liability Company's Name

Second Orlando Area Blimpie Realty, LLC

2. Principal Office Address

9200 S. Dade Lane Blvd.
Suite, Apt. #, etc.

Suite 508

City & State

Miami, FL

Zip
33156

Country

3. Mailing Office Address

1775 The Exchange
Suite, Apt. #, etc.

#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

45-0540281

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

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

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

Name

United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

9000 South Dade Lane Blvd.

Suite, Apt. #, Etc.

Suite 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 11/31/00

Michael A. Barr - President
REGISTERED AGENT MUST SIGN

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	David L. Siegel	740 Broadway	NY, NY 10003
MGR	Charles Leavess	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 Leavess Mgr

Date 11/27/00

Daytime Phone #

770) 984-5707

Typed or printed name of signing Managing Member/Manager

Charles Leavess

CR2E041 (9/00)