


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 10:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 2000	
DOCUMENT # L99000003910					
1. Limited Liability Company's Name Blimpie Fort Florida Leasing, LLC					
2. Principal Office Address 1775 The Exchange Suite, Apt. #, etc. Ste. 600 City & State Atlanta, GA Zip Country 30339 US		3. Mailing Office Address 1775 The Exchange Suite, Apt. #, etc. Ste. 600 City & State Atlanta, GA Zip Country 30339 US		4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida				6. FEI Number 65-0678702 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) 9600 South Dadeland Suite, Apt. #, Etc. Ste. 508 City Miami State Zip Code FL 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 REGISTERED AGENT					
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	Charles Leanness	740 Broadway	NY, NY 10003		
MGR	David W Siegel	740 Broadway	NY, NY 10003		
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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					