


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 # <u>L99000003932</u>			
1. Limited Liability Company's Name <u>Fourth Intercontinental Florida Blimpie Leasing, LLC</u>			
2. Principal Office Address <u>United Corporate Services Inc</u> Suite, Apt. #, etc. <u>9200 South Dadeland Blvd.</u> City & State <u>Miami, FL</u> Zip <u>33156</u> Country		3. Mailing Office Address <u>Blimpie International, Inc.</u> Suite, Apt. #, etc. <u>1775 The Exchange, #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>605-0533089</u>		Applied For <input type="checkbox"/> 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 <u>United Corporate Services, Inc.</u> <u>100003500791</u> <u>2</u> Street Address (P.O. Box Number is Not Acceptable) <u>9200 South Dadeland Blvd</u> <u>-12/14/00-01012-010</u> Suite, Apt. #, Etc. <u>Suite 508</u> <u>****100.00 ****100.00</u> City <u>Miami</u> State <u>FL</u> Zip Code <u>33156</u>			
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 <u>Michael A. Barr</u> Date <u>11/3/00</u> <u>Michael A. Barr - President</u> 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	
MGR	David L. Siegel	740 Broadway	<u>200003500792</u> <u>9</u> <u>-12/14/00-01012-011</u> <u>*****50.00 ****50.00</u> <u>NY, NY 10003</u>
MGR	Charles Leanness	740 Broadway	<u>NY, NY 10003</u>
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 <u>Charles Leanness</u> Date <u>11/27/00</u> Daytime Phone # <u>770-984-2707</u>			
Typed or printed name of signing Managing Member/Manager <u>Charles Leanness</u>			

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

REINSTATEMENT 2000

CR2E041 (9/00)