


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">00 DEC -8 AM 10:44</div> <div style="font-size: 1.1em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 2.5em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 1.5em; margin-bottom: 10px;">2000</div>	
DOCUMENT # <u>L99000003938</u>					
1. Limited Liability Company's Name <u>Fourth Northwest Florida Blimpie Realty, LLC</u>					
2. Principal Office Address <u>175 The Exchange</u> Suite, Apt. #, etc. <u>Ste. 600</u> City & State <u>Atlanta, GA</u> Zip <u>30339</u> Country <u>US</u>		3. Mailing Office Address <u>175 The Exchange</u> Suite, Apt. #, etc. <u>Ste. 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. FEL Number <u>656542639</u>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent					
Name <u>United Corporate Services, Inc.</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>9200 North Dade Blvd.</u>					
Suite, Apt. #, Etc. <u>Ste. 508</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 J. Barr</u> Date <u>11/3/00</u>					
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		
<u>mgr</u>	<u>David L. Siegel</u>	<u>740 Broadway</u>	<u>NY, NY, 10003</u>		
<u>mgr</u>	<u>Charles Leanness</u>	<u>740 Broadway</u>	<u>NY, NY, 10003</u>		
			<u>200003499922--5</u> <u>-12/13/00--01077--031</u> <u>****100.00 ****100.00</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>770-981-2707</u>					
Typed or printed name of signing Managing Member/Manager <u>Charles Leanness</u>					

CR2E041 (9/00)