	PLEASE READ	ALL INST	RUCTIONS	BEFORE (COMPLET	ING THIS FORM.	ı	
APPLICA FOR REINSTAT	R	S	A DEPARTMEN Sandra B. Mor Secretary of S VISION OF CORPOR	r tham State		France Fra		
DOCUMENT # MG TSCH 1. Corporation Name					97 DEC -1 PM 12: 17			
Subway Investments, Incorporated					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Bu	isinoss	Mailing Addre	ss		-	•		
1410 Capital Circle, N.W. Tallahassee, Florida 32303					REINS	TATEMEN"	rM	
If above addresses are incorrect in any way, tine through incorrect 2. New Principal Office Address, If Applicable 3. New Ma			information and enter correction below. ling Office Address, If Applicable		4. Date Incorp	porated or Qualified	•	
Suite, Apt. #, etc. Suite,			Apt, N, etc.		1	To Do Business in Florida 02/09/88		
City & State		City & State	City & State			NOT APPLICABLE Not Applicable		
Zip Country		Ζφ	Country	ntry 6.		ATE OF STATUS DESIRED X SB.75 Additional Fee required for a Certificate of Status		
7. Names and Street	1 Addresses of Each Officer and/	/or Director (Flori					3	
Title(s) 2	Name of Officers and/or Directors		Off	eet Address of Eacl ficer and/or Directo se Post Office Box I	r	City / Sta	ate / Zip	
P D Hunt	ter, Suzanne J.	3401 Blue	3401 Blue Quill Lane		Tallahassee, FL 32312			
C D T Hunter, Michael J.			3401 Blue Quill Lane		e	Tallahassee, FL 32312		
						*******8.75	-01073001 5 ******8.75	
					7	00002358 -12/01/97 ****750.00	-01064602	
8. N	Name and Address of Current F	Registered Ager		T	A bna amal o	Address of New Registered A	/\	
·····	,	10groteros rege.		Name Lorence	Jon Bielby, Esquire			
Hunter, Michael J. 4174 Chelmsford Road Tallahassee, FL 32308				Street Address (P.O. Box Number is Not Acceptable) Greenberg, Traurig (100 (100)) Suite, Apt. #, Etc. 101 East College Avenue				
					assee Slale Zip 2302			
10. I, being appointed Signature of Registered Agent	am &	GISTERED AGE		th and accept the of	bligations of Section	on 607.0505, F.S.		
11. Does this Dept. of	s corporation pay a Revenue under S.	ny intangil 199.032, F	ble tax to the lorida Statu	e utes. Yes	□ No □		e for information gible tax.)	
owed by the corpo	an officer or director or the receiv application, the reason for dissol oration have been paid and the n is true and accurate, and my sig	olution has been et names of Individua	iliminated, the corpor als listed on this form	rate name satisfies n do not qualify for a	the requirements of an exemption under	of eaction 607 DAD4 or 617 DAI	Od E C Abot all face	

CIONATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

seller (god) 515-0755