

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

05 OCT 21 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT  
T. Roberts OCT 26 2005

DOCUMENT # P02000104914

1. Entity Name  
FALLS SUBWAY CORP.



Principal Place of Business: 1075 SW 128 AVE. MIAMI, FL 33186

Mailing Address: 1075 SW 128 AVE. MIAMI, FL 33186

2. Principal Place of Business: 1075 SW 128 AVE  
Suite, Apt. #, etc.

3. Mailing Address: 1075 S.W. 128 AVE  
Suite, Apt. #, etc.

City & State: MIAMI, FLORIDA

City & State: MIAMI, FLORIDA

Zip: 33186 Country: USA

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6. Name and Address of Current Registered Agent

SOHR, SYLVIA  
1075 SW 128 AVE.  
MIAMI, FL 33186



10172005 REIN-P CR2E098 (6/04)

4. FEI Number: 06-1650513

Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): 10750 S.W. 128 AVE.

City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: SOHR, SYLVIA P STREET ADDRESS: 1075 SW 128 AVE. CITY-ST-ZIP: MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE: VPD NAME: MARTINEZ-SOHR, MANUEL STREET ADDRESS: 1075 SW 128 AVE. CITY-ST-ZIP: MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE: S NAME: JIMENEZ, GUILLERMO STREET ADDRESS: 13770 SOUTHWEST 17TH TERRACE CITY-ST-ZIP: MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: MARTINEZ-SOHR, IVAN STREET ADDRESS: 1075 SW 128 AVE. CITY-ST-ZIP: MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDS NAME: _____ STREET ADDRESS: 10750 SW 128 AVE. CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 10750 SW 128 AVE CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvia Sohr* 10/18/05 305-386-0508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/2/2

10/18/05

Card was never received for this Corporation, since the street address was entered wrong. Please waive my late charge and please accept the \$150.00. All my other 7 corporations are up to-date. Thanks!

Sylvia SORR