

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 17 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000024528

1. Corporation Name

Subway of Clearwater, Inc.

2. Principal Office Address - No P.O. Box #

16000 US Hwy. 19 N

Suite, Apt. #, etc.

City & State

Clearwater, FL.

Zip

33764-6802

Country

USA

3. Mailing Office Address

815 Patton Ave.

Suite, Apt. #, etc.

City & State

Asheville, NC

Zip

28806

Country

USA

700162884517
11/17/09--01032--005 **300.00
REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida 02/15/2005

5. FEI Number
20-2348633

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph Emanuel

Street Address (P.O. Box Number is Not Acceptable)

13200 SW 128th Street

Suite, Apt. #, Etc.

Suite F2

City

Miami

State

FL

Zip Code

33186

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/7/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Khalid Ahmad	505 Pinchot Drive	Asheville, NC 28803

10. E-mail Address: micobusiness@charter.net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

Khalid Ahmad

Khalid Ahmed

11/10/09

(828)255-8560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #