

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P06000085245**

1. Corporation Name

Subway of Tampa, Inc.

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

19410 Bruce B. Downs Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

815 Patton Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL.

City & State

Asheville, NC

Zip

33647

Country

USA

Zip

28806

Country

USA

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

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
PD	Khalid Ahmad	505 Pinchot Drive	Asheville, NC 28803
VD	James Robbins	164 Brookfield Drive	Forest City, NC 28043
TD	Jay Emanuel	22 Meadow Wood Trail	Fletcher, NC 28732

10. E-mail Address: jyeman@bellsouth.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/09

(888) 255-8560

FILED

09 NOV 17 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300162884633

11/17/09--01032--006 \*\*300.00

REINSTATEMENT

08-09

4. Date Incorporated or Qualified

To Do Business in Florida 06/22/2006

5. FEI Number

20-5093148

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.