

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR 10 AM 9:20

DOCUMENT # P06000144328

1. Corporation Name

Subway 40323, Inc.

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

8290 NW 105th Lane

Suite, Apt. #, etc.

3. Mailing Office Address

← same

Suite, Apt. #, etc.

City & State

Parkland Florida

City & State

← same

Zip

33076

Country

USA

Zip

Country

100171740031  
03/10/10--01025--005 \*\*\*450.00  
CR25081-11/09  
**REINSTATEMENT** 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/2006

5. FEI Number

20-8347161

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

Radir A. Naviwala

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

8290 NW 105th Lane

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33076

☒ 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

Radir A. Naviwala

Date 03/08/10

REGISTERED AGENT MUST SIGN

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	Radir A. Naviwala	8290 NW 105th Lane	Parkland FL / 33076
VP	Infzal Majid	8290 NW 105th Lane	Parkland FL / 33076

10. E-mail Address: doreen@twacpa.com

(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:

Radir A. Naviwala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/10 954-655-0250

Date

Daytime Phone #