

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000081668

Entity Name: SNACK SHACK SUBS INC.

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

7312 ROYAL PALM BLVD
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

8201 SW 9TH PLACE
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 26-0554898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATUTE, LISA M
8201 SW 9TH PLACE
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LISA M MATUTE

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHAD, RAMDEEN
Address: 8201 SW 9TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: V () Delete
Name: MATUTE, LISA
Address: 8201 SW 9TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T () Delete
Name: RAMDEEN, JESSE
Address: 5877 NW 47TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S () Delete
Name: RAMDEEN, SHERRY
Address: 5877 NW 47TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: RAMDEEN, CHAD
Address: 5877 NW 47 PL
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA M MATUTE

V

10/27/2008

Electronic Signature of Signing Officer or Director

Date