

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -9 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000019835**

1. Corporation Name

SBC FRANCHISE SYSTEMS, INC

Principal Place of Business

Mailing Address

**2101 W. STATE RD. 434
SUITE 100
LONGWOOD, FL 32779** ← SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

08-09

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/93

5. FEI Number

59-3168215

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P.C.D.	Christopher M. Swartz	2101 W. SR 434 - Ste 100	Longwood, FL 32779
S.D.	BRADLEY GORDON	2101 WSR 434 - Ste 100	Longwood, FL 32779
CFO, D	MICHAEL F. CROWIN	2101 WSR 434 - Ste 100	Longwood, FL 32779
			400003077954--6 -12/22/99--01052--016 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

**J. Scott Choos, Esq.
15600 SW 288 ST. - STA 312
HOMESTEAD, FL 33033**

9. Name and Address of New Registered Agent

Name
MICHAEL F. CROWIN, CFO
Street Address (P.O. Box Number is Not Acceptable)
SPRICK SUBS GROUP, INC.
Suite, Apt. #, Etc.
2101 W. STATE RD 434 - STE 100
City
LONGWOOD

State
FL

Zip Code
32779

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-7-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

[Signature]

12-7-99

Date

407-682-6363

Daytime Phone #

KE

CR2081 (12/96)