PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ARTICLES AND FILED
96 DEC 13 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000043221

1. Corporation Name

FOURTH TAMPA BLIMPIE REALTY VENTURE, INC.

Principal Place of Business	Mailing Address
% UNITED CORPORATE SERVICES, INC. 801 NE 167 ST., STE. 300 N. MIAMI BEACH FL 33162	% UNITED CORPORATE SERVICES, INC. 801 NE 167 ST., STE. 300 N. MIAMI BEACH FL 33162

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	P.O.BOX 888287 Suite, Apt. #, etc.
City & State	City & State ATLANTA, GEORGIA
Zip / Country	Zip 30356-0287 / Country DEKALB

4. Date Incorporated or Qualified To Do Business in Florida: 06/06/1995

5. FEI Number: 58-2180658 ☐ 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)

300002031643--3
-12/17/96--01156--008
****175.00 ****175.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	4
D	BARR, RAY A	10 BANK ST.	WHITE PLAINS NY 10606
D	SKUBICKI, MARK	10 BANK ST.	WHITE PLAINS NY 10606
D	DAVID L. SIEGEL	740 BROADWAY	NEW YORK, NY 10003
D	CHARLES G. LEANESS	740 BROADWAY	NEW YORK, NY 10003
	ROBERT SITKOFF	1775 THE EXCHANGE, #600	ATLANTA, GA 30339

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NE 167 ST., STE. 300
N. MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name REINSTATEMENT 1996
Street Address (P.O. Box Number is Not Acceptable) A. Alan
Suite, Apt. #, Etc. 12/13/96
City State FL Zip Code

CR2E040 (7/96)

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 REQUIRED Date 12/12/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

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****208.75 ****208.75

SIGNATURE: SIGNATURE REQUIRED ROBERT SITKOFF 11/25/96 (770)698-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043867 AF