

P95000065520

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300001567923
-08/23/95--01084--012
****131.25 ****131.25

SUBJECT: Pine St. Subway Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

CRAIG Clark

Name (printed or typed)

3131 S.W. College Rd #304
Address

OCALA FL 34729
City, State & Zip

(904) 854-1717
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 23 PM 12:01

NOTE: Please provide the original and one copy of the articles.

8/24/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG 23 PM 12:01

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Pine St. Subway Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1051 S.W. Pine Street, Ocala FL.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Craig CHARK
3131 S.W. College Rd #304
Ocala FL 34474

ARTICLE V INCORPORATOR(S)



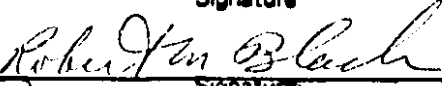
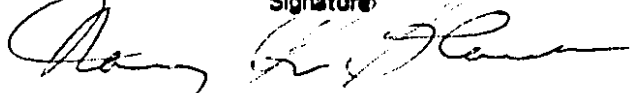
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Craig Clark
Laura Clark
5501 S.E. 34th St
Ocala FL 34471

Robert BLACK
Nancy BLACK
866 Sheephead Ave
New Smyrna Beach FL 32169

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21st day of August 1995.


Signature

Signature

Signature


Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Pine St. Subway Inc.

2. The name and address of the registered agent and office is:

Craig Clark
(Name)

3131 S.W. College Rd #304
(P.O. Box not acceptable)

Orlando FL 32447
(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 23 PM 12:01

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

8/21/95
(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LC
10/1

96 SEP 19 PM 12:08

DOCUMENT # **P95000065520**

1. Corporation Name

PINE ST. SUBWAY INC.

Principal Place of Business

1051 S.W. PINE STREET
OCALA FL 34474

Mailing Address

1051 S.W. PINE STREET
OCALA FL 34474



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

2. New Principal Office Address, if Applicable

Same

3. New Mailing Office Address, if Applicable

Same

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-334-3507

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
Pres	Craig Clark	3131 S.W. College Rd #304	Ocala FL 34474
VP	Robert BLACK	866 Shoupshoadave	New Smyrna Beach FL 32169
VP	Nancy BLACK	866 Shoupshoadave.	New Smyrna Beach FL 32169
VP	Laura Clark	3131 S.W. College Rd #304	Ocala FL 34474
			800001-962544 -10/02/96--01026--003 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

CLARK, CRAIG
3131 S.W. COLLEGE ROAD #204
OCALA FL 34474

9. Name and Address of New Registered Agent

Name **Robert BLACK**
Street Address (P.O. Box Number is Not Acceptable)
1051 S. Pine Ave
Suite, Apt. #, Etc.
City **Ocala** State **FL** Zip Code **34470**

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

Robert Black
REGISTERED AGENT MUST SIGN

Date **9-17-96**

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 417, 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 taxes 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:

Robert Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-96

Date

352-368-6699

Daytime Phone #

CRP040 (7/96)