

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000000660

1. Corporation Name

Subway 18243, Inc.

2. Principal Office Address

1311 Miller Road

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33124

Country

Dade

3. Mailing Office Address

2000 Towerside Terrace

Suite, Apt. #, etc.

906

City & State

Miami, FL

Zip

33138

Country

Dade

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 18 AM 8:00

REINSTATEMENT 02-03

300023179123
09/18/03--01088--011 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

March 17, 1997

5. FEI Number

65-0632890

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name

BURR A CAMP

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

2000 Towerside Terrace

Suite, Apt. #, Etc.

906

City

Miami

State
FL

Zip Code

33138

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

Burr A. Camp

Date

9/12/2003

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	BURR A. CAMP	2000 Towerside Terr. #906	Miami, FL 33138
S/T	Frances Camp	307 Santander Ave.	Coral Gables FL 33134

10. 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:

Burr A. Camp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/03 305-899-6345

Date

Daytime Phone #

CR2E081 (10/02)