

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000058004

1. Corporation Name

SUBWAY OF CRESTVIEW I, INC.

Principal Place of Business

Mailing Address

3073
3073 GULF BREEZE PKWY
GULF BREEZE FL 32561 32563
US

3073 GULF BREEZE PKWY
GULF BREEZE FL 32561
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BOULTON, R. SCOTT	1920 BEECHWOOD DR	GULF BREEZE FL 32561

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, G. THOMAS
510 EAST ZARAGOZA STREET
PENSACOLA FL 32501

Name
R. Scott Boulton
Street Address (P.O. Box Number is Not Acceptable)
3073 GULF BREEZE PKWY
Suite, Apt. #, Etc.
City
Gulf Breeze
State
FL
Zip Code
32563

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

REGISTERED AGENT MUST SIGN

Date

11. 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

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 17 PM 12:44



REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida
07/08/1996
5. FEI Number
59-3387168
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

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-12/28/01--01078--016
****750.00 ****750.00

12/14/01

CR2E040 (8/01)