

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 12 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000007344**

1. Corporation Name

E. F. Subs, Inc.
P.O. Box 449
PENSACOLA, FLA 32592

2. Principal Office Address

PENSACOLA
P.O. Box 449 FLA 32592

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

PENSACOLA
P.O. Box 449 FLA 32592

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/23/98

5. FEI Number

59-3594849

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

C.D. Mansfield

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

1325 West Detroit Blvd

Suite, Apt. #, Etc.

City

PENSACOLA

State
FL

Zip Code

32534

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

C.D. Mansfield

REGISTERED AGENT MUST SIGN

Date

1/10/00

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
D	C.D. Mansfield	P.O. Box 449	PENSACOLA FL 32592
			TS 99AN

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:

C.D. Mansfield - C.D. Mansfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/99

Daytime Phone #

850-434-6973

05/05/00 9A120 06/0