

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000040434

1. Corporation Name

SUBWAY 875, INC.

REINSTATEMENT 02-03

900024173699
10/27/03--01109--020 **1208.75

2. Principal Office Address

4860 STATE ROAD 7

Suite, Apt. #, etc.

3. Mailing Office Address

9564 SW 8TH ST

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

PEMBROKE PINES FL

Zip

33314

Country

BROWARD

Zip

33025

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

5/4/1998

5. FEI Number

65-0833583

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

ERNST JEAN-FRANCOIS

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

9564 SW 8TH ST

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33025

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

[Signature]

REGISTERED AGENT (MUST SIGN)

Date 10/21/03

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	ERNST JEAN-FRANCOIS	9564 SW 8TH ST P. PINES FL. 33025	P. PINES FL. 33025
V	CARMEL JEAN-FRANCOIS	9564 SW 8TH ST P. PINES FL. 33025	P. PINES FL. 33025
T	PHILIPPE JEAN-FRANCOIS	4941 NW 10 ST LAUDERHILL FL. 33313	LAUDERHILL FL. 33313

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: ERNST JEAN-FRANCOIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03

Daytime Phone #

954-4833071

CR2001 (10/02)

9/10/25