PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED 01 FEB 26 PM 3:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000092671

1. Corporation Name

City Subs & More, Inc.

REINSTATEMENT 99-01

2. Principal Office Address 330 SE 20th Avenue	**3.** Mailing Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** Date Incorporated or Qualified To Do Business in Florida Oct 27, 98
City & State Deerfield Beach, FL	City & State	**5.** FEI Number 65-0872689
Zip 33441	Country Broward	Zip	Country

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
Joe N. Cardillo

Street Address (P.O. Box Number is Not Acceptable)
330 SE 20th Avenue

Suite, Apt. #, Etc.

City Deerfield Beach,	State FL	Zip Code 33441

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-03/06/01--01100--003
***1050.00   ***1050.00

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 _____   Date 02/21/01

Joe N. Cardillo   REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
DPST	Joe N. Cardillo	330 SE 20th Avenue	Deerfield Beach, FL 33441

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: _____   02/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #