

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000023723

1. Corporation Name

LIGHTHOUSE CROSSING SUBWAY, INC.

Principal Place of Business

3993 TYRONE BLVD.  
ST. PETERSBURG FL 33709

Mailing Address

3993 TYRONE BLVD.  
ST. PETERSBURG FL 33709

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

N/A

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

N/A

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/1999

5. FEI Number

59-3564737

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| P             | William Guilleto                          | 4904 Wellbrook Dr.                                     | NPR FL 34653            |
| V             | Melody Guilleto                           | 4904 Wellbrook Dr.                                     | NPR FL 34653            |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

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-01/11/01--01040--001  
\*\*\*758.75 \*\*\*758.75

8. Name and Address of Current Registered Agent

MCATEE, CAROL  
5156 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

William Guilleto  
4904 Wellbrook Dr.  
New Port Richey FL  
34653

9. Name and Address of New Registered Agent

Name  
LARRY C. SCHALLES  
Street Address (P.O. Box Number is Not Acceptable)  
5728 Main St.  
Suite, Apt. #, Etc.  
City  
New-Port-Richey  
State  
FL  
Zip Code  
34652

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

Wm. Guilleto

REGISTERED AGENT MUST SIGN

Date 12/13/00

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Wm. Guilleto  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Guilleto

12/13/00

Date

Daytime Phone #

727-  
692-  
6983

CR2ED40 (9/00)