

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P99000050612 ✓

1. Corporation Name

TALK OF THE TOWN SANDWICH SHOP INC.

00 DEC 11 PM 5:41

Principal Place of Business

Mailing Address

6426 BOWDEN RD.  
JACKSONVILLE FL 32266

6426 BOWDEN RD.  
JACKSONVILLE FL 32266



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

08-22-00 90223 045 \$150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

59-3577940

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Pres	DAVID SALAMY	6109 TUSCON ST	JACKSONVILLE FL 32207

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISAAC  
WAC, FRED  
6034 CHESTER AVE.  
JACKSONVILLE FL 32217

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Theresa Salamy*  
REGISTERED AGENT MUST SIGN

Date

12/7/99

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:

*Theresa Salamy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/7/99

AD

CR2E040 (8/00)

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(2)

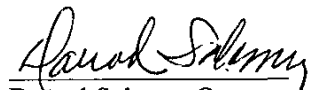
October 31, 2000

Division of Corporation

To Whom It May Concern:

We were incorporated as of June 1, 1999. We never received the original paperwork for the payment of \$150.00. We only received the 2<sup>nd</sup> request and mailed the payment in. Since then we received a bill for penalties accrued. Please disregard the penalties since ~~the original paperwork never reach me in order to send the payment in on time.~~

Sincerely,

  
Daud Salamy, Owner