

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

CORPORATION



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

FILED

02 FEB 13 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000080449

1. Corporation Name

Bitton Subs Inc.

2. Principal Office Address

2301 W. Sample Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Bldg 2, Ste 1-A

Suite, Apt. #, etc.

City & State

Pompano Bch FL

City & State

Zip

33073

Country

USA

Zip

Country

700005022557--5

-02/27/02--01009--017

\*\*\*\*300.00 \*\*\*\*300.00

08/08/00 90024 010 15405

4. Date Incorporated or Qualified  
To Do Business in Florida

9/3/99

5. FEI Number

65-0954330

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

Sammy S. Bitton

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

2301 W. Sample Rd.

Suite, Apt. #, Etc.

Bldg 2 Ste 1-A

City

Pompano Bch FL 33073

State

FL

Zip Code

33073

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

1/30/02

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
PRES.	Sammy S. Bitton	2301 W. Sample Rd. 2, 1-A	Pompano Bch FL 33073
		00-02482170	

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

Date

954-917-0504

Daytime Phone #

- Do Not Detach -

2 of 2

**Bitton Subs, Inc.**

**D/b/a**

**Blimpie Subs & Salads**

2301 West sample Road  
Building 2, Suite 1-A  
Pompano Beach, Fl 33073

January 10, 2002

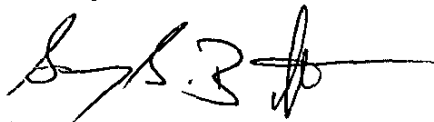
409 East grams Street  
Tallahassee, Fl 32314

Dear Sir or Madam:

I am writing this letter requesting you waive the fees to reinstate Bitton Sus, Inc. I never received the UBR form. Please include this address to mail any future correspondence concerning Bitton Subs, inc.

Enclosed is a check in the sum of \$300.00 for 2001 and 2002 uniform Business Report.

Sincerely,



Sammy S. Bitton  
President