

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # P99000099921

SUBWAY OF TREASURE ISLAND, INC.

FILED

00 OCT 30 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

10357 GULF BLVD.
TREASURE ISLAND FL 33706

REINSTATEMENT

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/15/1999

SP

Suite, Apt. #, etc.

City & State

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	GUILLETTE, WILLIAM	10357 GULF BLVD.	TREASURE ISLAND FL 33706
P	Melody Guillette	10357 Gulf Blvd.	Treasure Island, FL 33706
V	Willian Guillette	" " "	" " "
			400003469584--7 -11/20/00--01016--013 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUILLETTE, WILLIAM
10357 GULF BLVD.
TREASURE ISLAND FL 33706

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/25/00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM

GUILLERTE

10/25/00
Date

Date _____

727
692-6983
Daytime Phone #

Daytime Phone #

0082871

CR2E040 (8/00)

AF ✓