

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -1 PM 4:55

DOCUMENT # S64934

1. Corporation Name

Subway Adventures IV, Inc.

2. Principal Office Address

1964 W. Tennessee St.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32304

Country

USA

3. Mailing Office Address

537-A Silver Slipper Ln.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32303

Country

USA

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/09/1991

5. FEI Number

593077782

☐ 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

Lorence Jon Bielby, Esq.

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

101 East College Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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]

Date

Nov. 28, 2005

REGISTERED AGENT MUST SIGN

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
D	David W. Walker	537-A Silver Slipper Ln.	Tallahassee/FL/32303
			800061956998 12/05/05--01033--011 **150.00
			800061956998 12/05/05--01033--012 **608.75

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

Nov 28, 2005

Date

850-222-6891

Daytime Phone #