

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S64934

1. Entity Name  
SUBWAY ADVENTURES IV, INC.



FILED

07 DEC 11 PM 3:23

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1964 W TENNESSEE ST  
TALLAHASSEE, FL 32304 US

Mailing Address

4014 KILMARTIN DRIVE  
TALLAHASSEE, FL 32309 US

2. Principal Place of Business - No P.O. Box #

4014 Kilmartin Drive

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32309

Country

USA

Zip

Country

4. FEI Number  
59-3077782

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIELBY, LORENCE JON  
101 E. COLLEGE AVENUE  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent, include if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11.28.07

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WALKER, DAVID W.  
STREET ADDRESS 4014 KILMARTIN DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



REINSTATEMENT 07

10312057 REIN-P CR2E000 (1/07)