


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V44933		
1. Entity Name SUBWAY ADVENTURES V, INC.		

FILED
07 DEC 11 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 817 LAKE BRADFORD ROAD TALLAHASSEE, FL 32304 US	Mailing Address 41014 KILMARTIN DRIVE TALLAHASSEE, FL 32309 US
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2. Principal Place of Business - No P.O. Box # 4014 Kilmartin Drive Suite, Apt. #, etc.	3. Mailing Address 4014 Kilmartin Drive Suite, Apt. #, etc.
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City & State Tallahassee, FL	City & State Tallahassee, FL	4. FEI Number 59-3141109	Applied For <input type="checkbox"/> Not Applicable
Zip 32309	Country USA	Zip 32309	Country USA

103 REINSTATEMENT 0822098 (1/07) 07

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIELBY, LORENCE JON 101 EAST COLLEGE AVENUE TALLAHASSEE, FL	
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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] DATE 11.28.07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	WALKER, DAVID W.
STREET ADDRESS	4014 KILMARTIN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400113045204
CITY-ST-ZIP	12/11/07--01045--003 **750.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #