


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000013955

1. Corporation Name
BIG D'S DEAD HEAD & GIFT SHOP, INC

2. Principal Office Address - No P.O. Box #
1650 N Federal Hwy
Suite, Apt. #, etc.
Suite # 1

3. Mailing Office Address
1650 N Federal Hwy
Suite, Apt. #, etc.
Suite # 1

City & State
Pompano Beach FL Pompano Beach FL

Zip Country Zip Country
33062 Broward 33062 Broward

7. Name and Address of Current Registered Agent

Name
Dennis P. Cassidy JR

Street Address (P.O. Box Number is Not Acceptable)
4191 NW 41 ST

Suite, Apt. #, Etc.
APT 316

City State Zip Code
Lauderdale Lakes FL 33319

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 Dennis P Cassidy Date 3-6-07
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
Pres	Dennis P Cassidy	4191 NW 41 ST #316	Lauderdale Lakes FL. 33319
Sec	Eileen D Cassidy	4191 NW 41 ST #316	Lauderdale Lakes FL 33319
DIR	Dennis P Cassidy SR	4191 NW 41 ST #316	Lauderdale Lakes FL 33319

800093251788
03/16/07--01011--024 **\$8.00

800093251788
03/16/07--01011--025 **\$0.75

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 contained in Chapter 119, 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: Dennis P Cassidy march 6, 2007 954-942-3351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #

FILED

07 MAR -8 AM 7:35

SECRETARY OF STATE
ALLAHASSEE, FLORIDA
800093251788
03/16/07--01011--022 **500.00

800093251788
03/16/07--01011--023 **500.00

REINSTATEMENT 01-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 2001

5. FEI Number 65-1003620 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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