PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Sec	EPARTMEN cretary of SI on of corpor			F11.ED 10 MAR -8 AM 10: 14
DOCUMENT # P00000086912 1. Corporation Name Big C Properties, Inc.				REINSTATEMENT	
2. Principal Office Address - No P.O. Box # 1234 Andora Ave Suite, Apt. #, etc.	3. Mailing Office	Office Address Same		4 02/3	OO170455724 4/1001037019 **458.75 cr2E081 (11/09)
City & State Cora Cables FL Zip Country 33146 USA	City & State	Count	ry	5. FEI Numbe	orated or Qualified 9/11/2 000 or Applied For Not Applicable of STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Maria. C. Enrigrez Street Address (P.O. Box Number is Not Acceptable) 1234 An Dora Ave. Suite, Apt. #, Etc. City Coral Gables State FL 33146			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. 400170455724		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent					
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 Directo	s	Street Address of Each Officer and/or Director			City / State / Zip
CP CARLOS Enrig		1234 Andora Ave		2	Gral Gables FL. 33146
DTS Maria Melendez	Enriquez	- 1234	Andora A	he.	Coral Cables FL 33146
					MAR - 9 2010
10. E-mail Address: Enriquez 05@ a0/. Com (To be used for fifture annual report notification)					
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. I further certify, 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 PRINTE NAME OF SIGNING OFFICER OR DIRECTOR Date Date Day The Phone #					