

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN 17 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081642

1. Corporation Name
BIG BEAR PLASTERING, INC.

2. Principal Office Address
14073 SW 168 LN

3. Mailing Office Address
POBOX 770368

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33177

Country
USA

Zip
33177

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **10/23/1995**

5. FEI Number
65-0618691

Applied For
Not Applicable

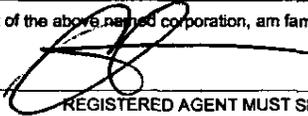
6. CERTIFICATE OF STATUS DESIRED

Additional Form required for Certificate of Status

7. Name and Address of Current Registered Agent

Name	CARLOS M QUINTANAL	600004850996--6
Street Address (P.O. Box Number is Not Acceptable)	14073 SW 168 LN	-01/31/02--01051--019 *****700.00 ***700.00
Suite, Apt. #, Etc.	N/A	600004850996--6
City	MIAMI	-01/31/02--01051--020 *****500.00 ***500.00
State	FL	Zip Code
		33177-8003

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.

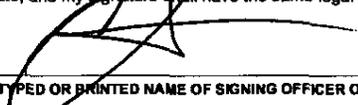
Signature of Registered Agent 
REGISTERED AGENT MUST SIGN

Date **01/15/2002**

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
P S	CARLOS M QUINTANAL	14073 SW 168 LN	MIAMI FL 33177
V T	RAUL RODRIGUEZ	8382 SW 152 AVE # 14	MIAMI FL 33193

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/15/2002** Daytime Phone # **786-242-1220**

CR2E081 (9/01)