PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS	
4 =	

P95000095417 DOCUMENT # 1. Corporation Name

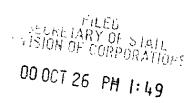
S BIG, INC.

Principal Place of Business

Mailing Address

SIGNATURE:

2110 COMMODORE DI AZA



COCONUT GROVE FL 33133		COCONUT GROVE FL 33133						
If ahove s	nddroeeoe aro	incorrect in any way line t	hrough incorrect in	nformation a	nd enter correction below.	REINS	TATEMENT OO	
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailie			ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			12/18/1995  5. FEI Number Applied For			
City & State		City & State			65-0069623 Not Applicable			
Zip Country Zip		Zip	Country		6. CERTIFICATE OF STATUS DESIRED of for a Certificate of Status			
7. Names	and Street Ad		nd/or Director (Flo	orida nonpro	fit corporations must list at lea			
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P	BIGNON, SYLVANO 2		200 OC	200 OCEAN LANE DRIVE, #808		KEY BISCAYNE FL 33149		
					-	60	DOO34597561 -11/09/0001119009 ****750.00 ****750.00	
						Kh		
						Φ		
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
					Name			
					Street Address (	Street Address (P.O. Box Number is Not Acceptable)		
200 OCEAN LANE DRIVE UNIT 808			Suite, Apt. #, Etc	Suite, Apt. #, Etc.				
KEY BISCAYNE FL 33149			7	City	City State Zip Code			
10. I, bein Signature Registered	of .	he registered agent of the	REGISTERED	1:	familiar with and accept the o	obligations of Sect	ion 607.0505, F.S. Date	
owed b	ov the corpora	ition have been paid and ti	ne namgs ot indivi	cuais iistec i	o execute this application as the corporate name satisfies on this form do not qualify for	r an exemption un	apter 607 or 617, F.S. I further certify that when filing s of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated	

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bilaa