

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 26 PM 1:49

DOCUMENT # P95000095417

1. Corporation Name
S BIG, INC.

| | |
|---|---|
| Principal Place of Business 3110 COMMODORE PLAZA COCONUT GROVE FL 33133 | Mailing Address 3110 COMMODORE PLAZA COCONUT GROVE FL 33133 |
|---|---|



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | | 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | | 4. Date Incorporated or Qualified To Do Business in Florida 12/18/1995 | |
| | | | | 5. FEI Number 65-0069623 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | | | | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|-----------------------|
| P | BIGNON, SYLVANO | 200 OCEAN LANE DRIVE, #808 | KEY BISCAVNE FL 33149 |
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|---|--|--|--|
| 8. Name and Address of Current Registered Agent BIGNON, SYLVANO 200 OCEAN LANE DRIVE UNIT 808 KEY BISCAVNE FL 33149 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL | |
|---|--|--|--|

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent *[Signature]* Date **10/4/00**
REGISTERED AGENT MUST SIGN

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 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]* **Sylvano Bignon** **10/4/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)