

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043716

1. Corporation Name

BIG LAKE DELIVERIES, INC.

Principal Place of Business

Mailing Address

7921 ~~NILE~~ RIVER ROAD
WEST PALM BEACH FL 33411
US

7921 ~~NILE~~ RIVER ROAD
WEST PALM BEACH FL 33411
US



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0761858

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STEVENSON, JACK	7921 NILE RIVER ROAD	WEST PALM BEACH FL 33411
		7921 NILE RIVER ROAD	

100023853581
10/16/03--01038--017 **150.00

10/10/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEVENSON, JACK
7921 ~~NILE~~ RIVER ROAD
WEST PALM BEACH FL 33411

Name JACK STEVENSON
Street Address (P.O. Box Number is Not Acceptable)
7921 NILE RIVER ROAD
Suite, Apt. #, Etc.
City WEST Palm Beach, FL. State FL Zip Code 33411

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. or 617.0505, F.S.

Signature of
Registered Agent

JACK STEVENSON

REGISTERED AGENT MUST SIGN

Date 10-10-03

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:

JACK STEVENSON JACK STEVENSON

10/10/03
Date

561-313-6127
Daytime Phone #

CR2E040 (7/03)

DEPARTMENT OF REVENUE :

PLEASE ACCEPT THIS CHECK FOR
THIS YEARS PAYMENT AMOUNT, AND REINSTATE
MY COMPANY BIG LAKE DEL. INC. I HAVE
BEEN INCORPORATED WITH THE STATE FOR MANY
YEARS AND THIS IS MY FIRST PROBLEM I'VE
HAD WITH YOUR DEPT. I BELIEVE YOU HAVE
BEEN MAILING MY NOTICES TO A WRONG ADDRESS,
HOW IT GOT CHANGED I'M NOT SURE. I'VE
CORRECTED THE NOTICES INSIDE TO STOP THIS
PROBLEM. I WOULD LIKE YOU ACCEPT THIS CHECK
AND I THANK YOU IN ADVANCE FOR YOUR
CONSIDERATION IN THIS MATTER.

BIG LAKE DEL. INC.

PRESIDENT

Jack Stevenson

JACK STEVENSON