

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 2004 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001427

1. Corporation Name

Big Apple International, Inc.

600034378646
04/28/04--01014--022 **600.00

2. Principal Office Address

300 N A1A F

Suite, Apt. #, etc.

#401

City & State

Jupiter, FL

Zip

33477

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/10/2000

5. FEI Number
134012247

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Viktoria Hayman

Street Address (P.O. Box Number is Not Acceptable)

300 N A1A F

Suite, Apt. #, Etc.

#401

City

Jupiter

State

FL

Zip Code

33477

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

Date

REGISTERED AGENT MUST SIGN

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
PC	Viktoria Hayman	300 N A1A F #401	Jupiter, FL 33477

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

Daytime Phone #

CR2E081 (01/04)

2

2 of 2

Big Apple International, Inc.
Viktoria Hayman
300 N A1A, F#401
Jupiter, FL 33477

April 8, 2004

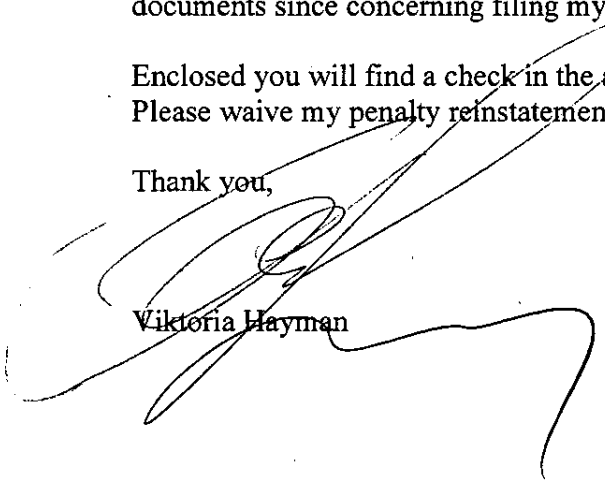
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

In 2001 my accountant became seriously ill and past away. I have not received any documents since concerning filing my Uniform Business Report.

Enclosed you will find a check in the amount of \$600.00 and my reinstatement form. Please waive my penalty reinstatement fees due to this matter.

Thank you,



Viktoria Hayman