

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 21 AM 11:59

DOCUMENT # F03000000385

1. Corporation Name

BIG APPLE MICRO, INC

2. Principal Office Address

245 MAGNOLIA PARK TRAIL

Suite, Apt. #, etc.

City & State

SANFORD FLORIDA

Zip

32773

Country

USA

3. Mailing Office Address

245 MAGNOLIA PARK TRAIL

Suite, Apt. #, etc.

City & State

SANFORD FLORIDA

Zip

32773

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/2003

5. FEI Number

11-3492596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

04

7. Name and Address of Current Registered Agent

Name

JAMEE CHANDOO

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

245 MAGNOLIA PARK TRAIL

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32773

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 10-18-2004

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	MURTAZA BHALOO	245 MAGNOLIA PARK TRAIL	SANFORD FL 32773
D	SHABBIR BHALOO	245 MAGNOLIA PARK TRAIL	SANFORD FL 32773

500042065745  
10/21/04--01036--018 \*\*750.00

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 #

714-306-7450

10/25/04

CR25051 (01/04)