APPLICATION FOR REINSTATEMENT

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

FILED
00 DEC 18 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003556**

1. Corporation Name

BIG SMITH BRANDS, INC.

Principal Place of Business	Mailing Address
~~1700 S POWERLINE RD~~	5970 S.W. 18th St
~~G~~	~~1700 S POWERLINE RD~~
~~DEERFIELD BEACH FL 33442~~	~~G~~ #330
~~US~~	~~DEERFIELD BEACH FL 33442~~
	~~US~~ BOCA RATON, FL 33433

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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5970 S.W. 18th St	5970 S.W. 18th St
Suite, Apt. #, etc.: #330	Suite, Apt. #, etc.: #330
City & State: BOCA RATON FLORIDA	City & State: BOCA RATON, FLORIDA
Zip: 33433 Country: U.S.A	Zip: 33433 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 07/07/1994 SP

5. FEI Number: 13-3005371 ☐ Applied For ☐ Not Applicable

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
CPD	LEBOWITZ, PETER x	2340 MILANO CT	BOCA RATON FL 33433
~~DA~~	~~LEONHARDT, SUSAN A~~ DELETE	~~1700 S PONCE DE LEON RD #G~~	~~DEERFIELD BEACH FL 33442~~
~~S~~	KAPLAN, HOWARD	~~10590 STONEBRIDGE BLVD.~~	~~BOCA RATON FL~~
~~D~~	SHAPS, JULIAN H.	~~19-622 BAY COVE DR.~~	~~BOCA RATON FL~~
~~D~~	FREEMAN, GLEN	~~RT. 6, BOX 50~~	~~CARTHAGE MO~~

600003515046--9
-12/27/00--01083--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

LEBOWITZ, PETER x
7300 WEST CAMINO REAL
STE. #109
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name: LEBOWITZ, PETER
Street Address (P.O. Box Number is Not Acceptable): 5970 S.W. 18th Street
Suite, Apt. #, Etc.: #330
City: BOCA RATON State: FL Zip Code: 33433

CR2E040 (8/00)

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: Peter Lebowitz SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 12-13-00

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: Peter Lebowitz SIGNATURE REQUIRED — 12-13-00 — 561-262-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETER LEBOWITZ

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