

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F94308

1. Entity Name
BIG SUN OF OCALA, INC.



FILED

05 APR 15 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9377 SW 91ST CIRCLE
OCALA, FL 34476

Mailing Address

9377 SW 91ST CIRCLE
OCALA, FL 34476

2. Principal Place of Business

7454 SW SR 200
Suite, Apt. #, etc.

3. Mailing Address

7454 SW SR 200
Suite, Apt. #, etc.

City & State

Ocala, Fl.

City & State

Ocala, Fl.

Zip
34476

Country
USA

Zip
34476

Country
USA

04122005 REIN P CR2E098 (6/04)

REINSTATEMENT 04-05
FEE NUMBER (59222543)

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORLANDO, CHAWIVAN C
9377 SW 92ND PLACE ROAD
OCALA, FL 34481

7. Name and Address of New Registered Agent

Name
John W. Haynes

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

7454 SW SR 200

City
Ocala,

FL

Zip Code
34476

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John W. Haynes President April 12, 2005

(Signature, typed or printed name of registered agent; and if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PTD ☒ Delete
NAME ORLANDO, CHAWIVAN C
STREET ADDRESS 9377 SW 92 PL RD
CITY-ST-ZIP OCALA, FL 34476

TITLE S ☒ Delete
NAME COTTEN, MARYELLEN
STREET ADDRESS 7454 SW S. R. 200
CITY-ST-ZIP OCALA, FL 34476

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME John W. Haynes
STREET ADDRESS 7454 SW SR 200
CITY-ST-ZIP Ocala, FL 34476

TITLE Secretary ☒ Change ☐ Addition
NAME Brenda S. Haynes
STREET ADDRESS 7454 SW SR 200
CITY-ST-ZIP Ocala, FL 34476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

John W. Haynes President 4-12-05 358-887-4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #