FILED
02 OCT -8 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

400008312364--2
-10/10/02--01080--004
****155.00 ****155.00

DOCUMENT # L00000008541

1. Limited Liability Company's Name
BIG Investment Group, LLC

2. Principal Office Address		3. Mailing Office Address	
195 Coquina Ct		195 Coquina Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Ormond Beach, FL		Ormond Beach, FL	
Zip	Country	Zip	Country
32176	USA	32176	USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 07/19/2000

6. FEI Number: 59-3660487 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 additional fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: Lawrence Ford

Street Address (P.O. Box Number is Not Acceptable): 195 Coquina Ct

Suite, Apt. #, Etc:

City: Ormond Beach | State: FL | Zip Code: 32176

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 10/8/2002
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Lawrence Ford	195 Coquina Ct	Ormond Beach, FL., 32176
MGRM	Michael Bretzel	195 Coquina Ct	Ormond Beach, FL., 32176

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: _____ Date: 10/08/2002 Daytime Phone #: 386-672-2224

Typed or printed name of signing Managing Member/Manager: Lawrence Ford