

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000009085**

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 NOV -7 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

700008873837

11/07/02--01074--008 \*\*155.00

**MJH**

**1. DOCUMENT # L01000009085**

Name and Mailing Address

0005020 D1 FP 0.352 \*\*PRSRT T5 0 0615 33618-240676



FLORIDA BIG DAWGS, LLC  
13176 NORTH DALE MABRY HWY., STE. 202  
TAMPA FL 33618-2406



11/7 2002

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 13176 NORTH DALE MABRY HWY., STE. 202 TAMPA FL 33618		<b>5. Date Organized or Qualified To Do Business in Florida</b> 06/07/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 59-3723593 <b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name <u>Thomas N. WAS</u> Street Address (P.O. Box Number is Not Acceptable) <u>4414 N. Cortez Ave</u> City <u>Tampa</u> FL Zip Code <u>33614</u>		<b>10. 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.</b>	
		Signature of Registered Agent <u>Thomas N. Was</u> Date <u>11/5/02</u>	
		<b>REGISTERED AGENT MUST SIGN</b>	
		<b>11. Names and Street Addresses of Each Managing Member/Manager</b>	
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WAS, THOMAS N	13176 NORTH DALE MABRY HWY., STE. 202	TAMPA FL 33618
MGR	MANIS, MELANIE M	13176 NORTH DALE MABRY HWY., STE. 202	TAMPA FL 33618

**12. 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 Thomas N. Was Date 11/5/02 Daytime Phone # 813-353-8875

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)