

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 NOV 21 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000031801  
Name and Mailing Address

0005409 01 AT 0.292 \*\*AUTO T2 1 0615 33067-502612  
BIGWAKE LLC  
8412 NW 61ST PLACE  
PARKLAND FL 33067-5026

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CR2E094 (7/03)

|                                                                        |                                                                |                                                                                                                                 |                               |
|------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 2. New Mailing Address                                                 |                                                                | 4. State/Country of Formation<br>FL                                                                                             |                               |
| City, State, Zip                                                       |                                                                | 5. Date Organized or Qualified To Do Business in Florida<br>11/26/2002                                                          |                               |
| Principal Place of Business<br>8412 NW 61ST PLACE<br>PARKLAND FL 33067 | 3. New Principal Place of Business Address<br>City, State, Zip | 6. FEI Number<br>11-3679531                                                                                                     | Applied For<br>Not Applicable |
|                                                                        |                                                                | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |                               |

|                                                                                                                    |                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 8. Name and Address of Current Registered Agent<br>CELEDON, FRANCISCO M<br>8412 NW 61ST PLACE<br>PARKLAND FL 33067 | 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

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.

Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date 10/21/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s)  | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|-----------|-----------------------------------|------------------------------------------------|--------------------|
| President | FRANCISCO M. CELEDON              | 8412 NW 61ST PLACE                             | PARKLAND, FL 33067 |
|           |                                   |                                                |                    |
|           |                                   |                                                |                    |
|           |                                   |                                                |                    |
|           |                                   |                                                |                    |

100024898611  
11/21/03 01008 017 \*\*155.00

**REINSTATEMENT 2003**  
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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 [Signature] **SIGNATURE REQUIRED** Date 10/21/03 Daytime Phone # 954.755 5827  
Typed or printed name of signing Managing Member/Manager FRANCISCO CELEDON