

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 30 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000074600

1. Limited Liability Company's Name

BIGMAN ENTERPRISES, LLC.

2. Principal Office Address - No P.O. Box #

981 NORTH 73RD AVE.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL.

Zip

33024

Country

U.S.A.

3. Mailing Office Address

173 WICKHAM RD.

Suite, Apt. #, etc.

City & State

GARDEN CITY N.Y.

Zip

11530

Country

U.S.A.

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

10/11/04

6. FEI Number 20-1860552

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MACINA, MICHAEL

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

981 NORTH 73RD AVE

Suite, Apt. #, Etc.

HOLLYWOOD

City

HOLLYWOOD

State

FL

Zip Code

33024

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Michael Macina

Date 10/22/07

REGISTERED AGENT MUST SIGN

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
MGR	GEORGE KRITIS	173 WICKHAM RD.	GARDEN CITY NY 11530
MGR	MICHAEL MACINA	981 NORTH 73 RD AVE	HOLLYWOOD FL 33024
REINSTATEMENT 2005-2007			
400111455664 10/30/07--01008--001 **150.00			

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

George Kritis

Date 10/22/07 Daytime Phone # 516-807-1548

Typed or printed name of signing Managing Member/Manager