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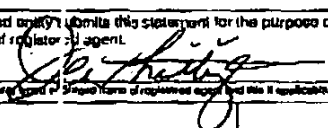
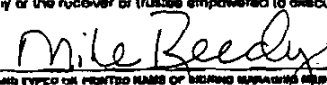
Mike Reedy

2519281244

P. 1

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 17 PM 4:06

DOCUMENT # L05000051988			
1. Entity Name BIGFORK, LLC			
Principal Place of Business 209 GRANT'S WAY FAIRHOPE, AL 36532		Mailing Address 209 GRANT'S WAY FAIRHOPE, AL 36532	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent WHITTINGTON, JAMES R 4220 TRONJO ROAD PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.		4. FEI Number 02-0784847	
SIGNATURE  _____ Date: 10/5/07		6. Certificate of Status Declared ☒ \$5.00 Additional Fee Required	
FILE NOW!!! FEB 15 \$150.00 After January 1, 2008, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REEDY, MIKE 209 GRANT'S WAY FAIRHOPE, AL 36532 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900110598978 10/10/07--01041--002 **155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REEDY, LYNN L 209 GRANT'S WAY FAIRHOPE, AL 36532 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, R. ROGER 910 E. CEIVANTES STREET PENSACOLA, FL 32501 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITTINGTON, JAMES R 4220 TRONJO ROAD PENSACOLA, FL 32503 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
REINSTATEMENT 2007			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this record is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 600, Florida Statutes.			
SIGNATURE:  Mike REEDY		Date: 10/5/07 251-604-7576	