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

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000051988

1. Entity Name
BIGFORK, LLC

Principal Place of Business	Mailing Address
209 GRANT'S WAY FAIRHOPE, AL 36532	209 GRANT'S WAY FAIRHOPE, AL 36532

10052007 REIN-LLC CR2E101 (1/07)

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

4. FEI Number 02-0784847 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITTINGTON, JAMES R 4220 TRONJO ROAD PENSACOLA, FL 32503	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.

SIGNATURE _____ 10/5/07
Signature of new or changed registered agent if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE is $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 900105998978 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. CERVANTES 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 report 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 605, Florida Statutes.

SIGNATURE: Mike Reedy MIKE REEDY 10/5/07 251-604-7576
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

10/10 J