

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP -5 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000067842

1. Limited Liability Company's Name

BIG ASS CHECKS LLC

CR2E041 (1/07)

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

5700 PEMBROKE RD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

Zip

33023

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07-11-05

6. FEI Number

061-75-4199

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

MARK NUCCI

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

5561 N. University Dr.

Suite, Apt. #, Etc.

#102

City

Orlando Springs

State

FL

Zip Code

3

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 08-27-07

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	VINCENT DEFAUWES	5700 PEMBROKE RD HOLLYWOOD, FL 33023	HOLLYWOOD, FL 33023
		05/04/06 - 90626-010 - \$50.00	
		100109295691	
		09/11/07--01016--016 **50.00	
		REINSTATEMENT 06-07	
		<u>[Signature]</u>	

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

[Signature]

Date 08-27-07 Daytime Phone # 1-888-504-1212

Typed or printed name of signing Managing Member/Manager

VINCENT DEFAUWES