

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

2008 NOV 20 PM 5:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600137895106  
11/13/08--01032--002 \*\*377.50

CR2E041 (10/08)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L06000034440

**1. Limited Liability Company's Name**

The Big2Do, LLC

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

4102 Sabal Palm Drive

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

USA

**3. Mailing Office Address**

P. O. Box 643526

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32964

Country

USA

**4. State/Country of Formation**

FL/USA

**5. Date Organized or Qualified  
To Do Business in Florida**

4/3/06

**6. FEI Number**

20-4676044

☐ 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

Fromang, Deborah

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

1516 River Drive

Suite, Apt. #, Etc.

City

Vero Beach,

State

FL

Zip Code

32963

☐ 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

Date

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
MGRM	Pamela Shelton	4102 Sabal Palm Drive	Vero Beach/ FL/32963
MGRM	Pamela Tan	516 River Drive	Vero Beach/ FL/32963

**REINSTATEMENT** 07-08  
AL

**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

*Pamela Shelton*

Date

11/7/08

Daytime Phone #

772-234-8668

Typed or printed name of signing Managing Member/Manager

PAMELA SHELTON