

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT 23 11:11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000020115

1. Limited Liability Company's Name
BIG 10 PROPERTIES, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 19530 Gulf Blvd		3. Mailing Office Address 19530 Gulf Blvd	
Suite, Apt. #, etc. Unit 1B		Suite, Apt. #, etc. Unit 1B	
City & State Indian Shores, FL		City & State Indian Shores, FL	
Zip 33785	Country United States	Zip 33785	Country United States

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 2/25/2013	
6. FEI Number 46-2071658	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc. 	
City Tallahassee	State / Zip Code FL 32301

900265790129

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Cindy Leski

Date **10/23/2014**

REGISTERED AGENT MUST SIGN **Cindy Leski, Asst. Vice President**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Beth Quast	19530 Gulf Blvd, Unit 1B	Indian Shores, FL 33785

REINSTATEMENT

2014

11. E-mail Address: **big10properties@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Beth Quast

Beth Quast, Manager

Date **10/22/14**

Daytime Phone # **813-335-9900**

Typed or printed name of signing Authorized Representative/Manager

OCT 23 2014

M. WILLIAMS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 343811 7923934

AUTHORIZATION

COST LIMIT : \$ 238.75

ORDER DATE : October 20, 2014

ORDER TIME : 8:37 AM

ORDER NO. : 343811-010

CUSTOMER NO: 7923934

DOMESTIC FILINGS

NAME: BIG 10 PROPERTIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
14 OCT 23 AM 19:59

OCT 23 2014
M. WILLIAMS