


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000004316 1. Entity Name BIG HEARTED ANGELS, INC.	
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FILED
 09 DEC -8 AM 9: 08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1030 OLIVE STREET 911 W. 5th St LAKELAND, FL 33805 <i>33805-4231</i>	Mailing Address PO BOX 111 911 W. 5th St LAKELAND, FL 33802 <i>LAKEland FL 33805</i>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10152008 REIN-NP CR2E099 (1/07)

City & State	4. FEI Number 83-0457700
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Applied For
 Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, TRAVE
 911 WEST 5TH STREET
 LAKELAND, FL 33805

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
 After January 1, 2009, Fee will be \$297.50

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	WILLIAMS, TRAVE	
STREET ADDRESS	911 WEST 5TH STREET	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	S	
NAME	STILLS, SHELIAH	
STREET ADDRESS	827 N SCOTT AVE	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	M	
NAME	LEE DANIEL <i>No longer on board</i>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2740 ELIZABETH PLACE	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	V	
NAME	DICKENS, WAYNE DR.	
STREET ADDRESS	124 QUAILWOOD DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	D	
NAME	CAUDLE, STEVE A REV.	
STREET ADDRESS	7419 FLORAM CIRCLE EAST	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	T	
NAME	GILES, TIA S	
STREET ADDRESS	1804 W. BELLA VISTA DR.	
CITY-ST-ZIP	LAKELAND, FL 33805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	800163424978		
NAME	12/08/09--01019--004 **297.50		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT 08-09

12/19

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Trave Williams _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____