## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT-OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED 02 MAR II AM II: 42
DOCUMENT # P 000000 1015		SECRETARY OF STATE TALLAHASSEE, FLORIDA
BIG Haul Inc		TALLAHMOSEE, ELOMBA
D19 11401		
2. Principal Office Address	3. Mailing Office Address	0000051704500
3850 Hollywood Blvd	PiO. Boyc 172137  Suite, Apt. #, etc.	-03/27/0201004010 *****300.00 ***** <u>900.00</u>
Suite 204	_	4. Date Incorporated or Qualified To Do Business in Florida   Z   Z8   99
City & State Hollywood FL	City & State  Lhaleah FL	5. FEI Number Applied For Not Applicable
330ZI Country USA	33017 Country USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7: Name and Address of Current Registered Agent		
Willie Paisley IV		
Street Address (P.O. Box Number is Not Acceptable)  Para Ax 17731 2970 NW 19184		
Suite, Apt. # Etc.		
City State Zip Code		
### 16 Jan 33056		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Agent Registered Agent MUST SIGN  Date X 02 - 18 - 02		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
I Withe Paisley	1x P.O. Box 17.	2139 Hialeah 17 33017-
-D-Willie J. Parsley # 29 D NW 19134 Miami, Fla. 23 POR		
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR Date Deviling Phone #		