		PLEASE READ	ALL INST	FRUCTI	IONS	BEFORE	COMPLET	ING THIS FO	RM.		
	PLICAT FOR ISTATEI		FLORIDA	Jim Se re ar	Smith r d S			FILED			
DOC	ŮMENT	т# РОООО	- 02 OCT 29 AM 9: 12								
1. Corpora	ation Name		SECRETARY OF STATE TALLAHASSEE FLORIDA								
BIG IM	IAGE GF	ROUP, INC.					IALLA	HASSEL FLORE	DA		
Principal P	lace of Busine	ess	Mailing Addr	ress			-				
271 SE 4TI			271 SE 4TH STREET POMPANO BEACH FL 33060								
		incorrect in any way, line three	ough incorrect i	information ar	nd enter	correction below.					
New Principal Office Address, If Applicable 3. No.				ling Office Ad			Date Incorp To Do Busir	orated or Qualified ness in Florida	06/	/29/2000	
Suite, Apt. #, etc.			Suite, Apt. #, etc. City & State					5. FEI Number 65-1020860			For plicable
Zip Country			Zip Country			у	6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED 1 S8.75 Additional for a Certification			
7. Names	and Street Add	dresses of Each Officer and/	or Director (Flo	rida nonprofi							
Title(s) Name of Officers and/or Directors				3 Street Address of Each Officer and/or Director 271 SE 4TH ST				C 4	ity / Sta	ite / Zip	
D LUDWICK, ROBERT P								POMPANO BEACH FL 33060			
			■ ♥								
	}	,					- 30 10/29/	900866 920107400	70 ,	4∃ **158.75	
								:			
i			M								
	8. Nam	e and Address of Current F	Registered Age	ent			9. Name and A	Address of New Regist	tered A	gent	
LUDWICK, ROBERT P 271 SE 4TH STREET						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
POMPANO BEACH FL 33060				Suite, Apt. #, Etc.		·	 				
					· · · · · · · · · · · · · · · · · · ·	City			State	Zip Code	
0. I, being	appointed the	e registered agent of the abov	ve named corpo	ration, am fa	miliar wit	th and accept the of	bligations of Section	on 607.0505, F.S. or 61	7. 0 505,	, F.S.	
ignature of egistered	f Agent \mathcal{N}	before T	udwie	U RE	QU	IRED		Date	/02		
	•	RE	GISTERED AGI	ENT MUST S	SIGN						

11. 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 DIRECTOR

10/24/02

Day

Daytime Phone #



Big Image Group, Inc. 271 Southeast Fourth Street Pompano Beach, Florida 33060 Tel.954.785.9919 Fax.954.7854320 email.big@bigimagegroup.com

Departmentt of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

Dear Corporation Examiner:

Please reinstate Big Image Group, Inc. to active status.

Big Image Group, Inc. did not recieve the two prior uniform business report notices.

Enclosed you will find the completed application for reinstatement and the \$150 filing fee. A certificate of status is requested and I have also included the \$8.75 fee.

Thank you very much.

Robert P. Ludwick

Director Robert P. Ludwish