

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -2 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000063270

1. Corporation Name

Big Image Group, Inc.

2. Principal Office Address - No P.O. Box #
271 SE 4TH ST

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip
33060

Country
USA

3. Mailing Office Address
271 SE 4TH ST

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip
33060

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** **6/29/2000**

5. FEI Number **651020860**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Robert P. Ludwick

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

271 SE 4TH ST

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

☒ The 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 reinstatement fee be waived.

~~1107000052013~~

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

Robert Ludwick

Date **10/15/2007**

REGISTERED AGENT MUST SIGN

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	City / State / Zip
D	Robert P. Ludwick	271 SE 4TH ST	Pompano Beach, FL 33060
	<i>Mike</i>		

900110921879
10/17/07--01079--008 **158.75
900110921879
11/07/07--01042--009 **300.00

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 contained in Chapter 119, 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:

Robert Ludwick

10/15/2007

(954) 785-9919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #