PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000012514

1. Corporation Name

THE BIG GARAGE SALE, INC.

Principal Place of Business

Mailing Address

608 COLORADO AVE

608 COLORADO AVE STUART FL 34994





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SECRETARY OF STATE FALLAHASSEE FLORIDA

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If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							4. Date Incorporated or Qualified			
383 SE MONTERRY Rd			ing chies radiose, in approxim			To Do Business in Florida 02/02/2001				
Suite, Apt. #, etc Su			Suite, Apt. #, etc.			5. FEI Number		Applied For		
City & State City & S			1 State				65-1074994	Not Applicable		
Zip 340	194 Hartin	Zip	Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprof	fit corporati	ons must list at lea	ıst 3 directors)				
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
D	GOODWIN, DAVID A			1403 SW NAOMI ST			PALM CITY FL 34990			
D GOODWIN, CORBY T			1403 SW NAOMI ST				PALM CITY FL 34990			
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						11/07/	DO24526 0301070024	**150.00		
			<u></u>							
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent					
					Name -		** **			
GOODWIN, DAVID A					Street Address (P.O. Box Number is Not Acceptable)					
608 COLORADO AVE STUART FL 34994					Suite, Apt. #, Etc.					
					City		Sta			
10. I, being	appointed the registered agent of the abo	ove named corpo	oration, am f	familiar with	and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.0	505, F.S.		
Signature of Registered		foodu Egistered ag	ENT MUST	SIGN			Date	8-03		
	that I am an officer or director or the receistatement application, the reason for disse									

1. 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

10-28-03

Daytime Phone #

CR2E040 (7/03

Florida Dept. of State,

I did not receive the prior UBR notices and am requesting relief under your instructions. I am inclusing a check for the amount of 150.00. Please reinstate the corporation for this year.

David a. Looduin the BIG GaRAGE Sale INC.