

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 12 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 WAC

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5/10/02 9038 017-150

May 2001

4. Date Incorporated or Qualified To Do Business in Florida	
May 2001	
5. FEL Number	Applied For
59-3717895	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

DOCUMENT # P01000049673

1. Corporation Name  
BIG GROUPE MARKETING INC

2. Principal Office Address		3. Mailing Office Address	
14100 US 19 No. #118		Same	
Suite, Apt. #, etc. #118		Suite, Apt. #, etc. Same	
City & State Clw., FL		City & State Same	
Zip 33764	Country USA	Zip Same	Country Same

7. Name and Address of Current Registered Agent	
Name G.L. Costa	
Street Address (P.O. Box Number is Not Acceptable) 14100 US 19 No. #118	
Suite, Apt. #, Etc.	
City Clw.	State FL
	Zip Code 33764

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 Giuseppe L. Costa Date \_\_\_\_\_

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
Pres	G.L. Costa	11180 5th St. E.	T.I., FL 33706
VP	Isaac Siegel	5940 Pelican Bay	Treasure Island FL 33704

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: Giuseppe L. Costa Giuseppe L. Costa 12-10-02 727 535-4587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2081 (9/01)

ATT: DIVISION OF CORPORATIONS

TO: Michelle Milligan

Zell

THE CORPORATION did NOT receive a rejection letter THAT WAS SENT TO ME IN MAY 2002 OR ANY OTHER CORRESPONDENCE FROM THE OFFICE. I please REQUEST TO WAVE ANY FEES OR PENALTYS.

THANK YOU

~~Jane Smith~~

Big Grouper Marketing