

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
Big Storm, Inc.

P01000120211

184 Orange Blossom Rd.

2. Principal Office Address

184 Orange Blossom Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tavernier, FL

City & State

Zip

33070

Country

US

Zip

Country

FILED

04 AUG 16 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300040224293

08/16/04--01081--003 **1058.75

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/01

5. FEI Number
80-0021986

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
James Cohen

Street Address (P.O. Box Number is Not Acceptable)
253 N.E. 104th St.

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33138

300040224293
08/16/04--01081--003 **900.00

[Handwritten Signature]

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 6/30/04

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	Louis R. Koerner III	184 Orange Blossom Rd.	Tavernier, FL 33070

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04

Date

(305) 773-9102

Daytime Phone #

CR2E081 (01/04)