

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 29 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 902000050744

1. Corporation Name

BIG SAVINGS, INC.

5395 W. Irlo Bronson Memorial Hwy
5395 W. Irlo Bronson Memorial Hwy

2. Principal Office Address

5395 W. Irlo Bronson Memorial Hwy

3. Mailing Office Address

5395 W. Irlo Bronson Memorial Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee Florida

Zip

34746

Country

Zip

34746

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05/08/2002

5. FEI Number

02-0595804

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

SALAZAR, IVAN A

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

9763 S ORANGE BLOSSOM TRL

Suite, Apt. #, Etc.

210

City

Orlando

State

FL

Zip Code

32837

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

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
PD	GONZALEZ, LUIS O	5395 W. Irlo Bronson Memorial Hwy	Kissimmee, Florida 34746
			200042321512
			10/29/04--01084--001 **150.00

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 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

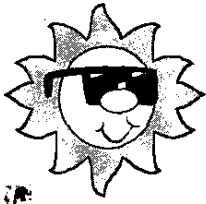
10/28/2004

Date

(407) 908-3127

Daytime Phone #

CR2E081 (01/04)



BIG SAVINGS, INC.

2977 Vineland Avenue • Kissimmee, FL 34746

(407) 397-9700



October 28, 2004

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

Dear Sir or Madam:


I respectfully request the reinstatement of my company "Big Savings, Inc." which is inactive for not filing 2004 Annual Report. Due to many problems with the person that I appointed to handle administrative matters of my company and due to misinformation I failed to file the annual report and I found that my company was inactive for this reason just three days ago.

Since it is really important to me to continue with my business and at this time I can effort to pay the reinstatement fee of \$600.00, I will appreciate if you can review my request of exempt for this amount with the promise that this will not occur again.

I am enclosing money order in the amount of \$150.00 for the Annual Report and Corporate Supplemental fees, which I was informed to pay when I called to the Division of Corporations.

Please once again accept my apology and thank you in advance for your help.

Sincerely,


Luis O. Gonzalez
President