## 7 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000064062  1. Entity Name BIG MOUTH MARKETING & PROMOTIONS INC.			FILED
			07 DEC 28 AM II: 15
Principal Place of Business 555 NS 15TH ST., STE 7714 MIAMI, TL 39132	H.SI., STE 7714 555 NE 15TH SI., STE 7714		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2 Principal Place of Business - No P.O. Boy #	3. Mailing Address		
14616 SW 95 LN.			
Suite, Apt. #, etc.  Suite, Apt. #, etc.		11152007 REIN-P CR2E098 (1/07)	
MIAMI, FL.	AMI, FL.		4. FEI Number Applied For 43-1964971 Not Applicable
33186 Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Curren	t Registered Agent	Name -	7. Name and Address of New Registered Agent
TORTON, DEBRICK		Street Addre	SS (P.O. Box Number is Not Acceptable)
STE 7714 MAMI, FL 39132		14614	S SW 95 LN.
		City	MIAMI FL 33986
8. The above named entity submits this space of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE X) 11/15/07			
Signature, typed or priviled name of industried agent and IRIG II applicable. (NOTE: Registered Agent signature regulred when reinstating)  DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.	00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND	D DIRECTORS  Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME TURTON, DERRICK STREET ADDRESS 555 NE 15 ST #7714	<b>1 1 1 1 1 1 1 1 1 1</b>	NAME	TURTON, DEPAICK Schange Addition 14616 SW 95 LN.
CITY-ST-ZIP MIAMI, FL 33132		CITY-\$1-ZIP	M(AM), FL. 33186
NAME TURTON, VANESSA	Delete	■ NAME I*	TO TURTON, VANESSA A Change Addition
STREET ADDRESS 555 NE 15 ST #7714 CITY-ST-ZIP MIAMI, FL 33132		STREET ADDRESS CITY-ST-ZIP	14616 SW 95 L4. MITAL, FL. 33186
IIILE	☐ Delete	TITLE	☐ Change ☐ Addition I
NAME STREET ADDRESS		NAME STREET ADDRESS	300113463573 12/28/0701009006 **150.00
CITY-ST-ZIP	☐ Oelete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME SIREET ADDRESS	L Delete	NAME	Change Chouling
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	-0.0
TITLE NAME	☐ Delete	TITLE NAME	REINSTATEMENT Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	TIENTO IAI LIVILIAI
TITLE	☐ Delete	TITLE	That Addition
NAME STREET ADDRESS		NAME Street Address	
12. thereby certify that the information supplied with	h this filing does not qualify for	the exemptions contain	ned in Chapter 119, Florida Statutes. I further certify that the information
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to elecute ms report as reported by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:			
SIGNATURE AND TPED OR	PRESENT HAME OF SIGNING OFFICER	OR DIRECTOR	Date Daytime Phone #