

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000099045

1. Entity Name
THINK BIG ENTERPRISES, INC.



Principal Place of Business
2233 GRAND TREE COURT
LAKE MARY, FL 32746-4991

Mailing Address
2233 GRAND TREE COURT
LAKE MARY, FL 32746-4991

2. Principal Place of Business

1981 S. RONALD REAGAN

3. Mailing Address

1931 SOUTH RONALD REAGAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS FL

Zip

32701

Country

USA

Zip

32701

Country

USA

11152005

REIN-P

CR2E098 (6/04)

4. FEI Number

55-0796244

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACQUAH, ISHMAEL
2233 GRAND TREE COURT
LAKE MARY, FL 32746-4991

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, 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 DIRECTORS

TITLE D ☐ Delete
NAME ACQUAH, ISHMAEL
STREET ADDRESS 2233 GRAND TREE COURT
CITY-ST-ZIP LAKE MARY, FL 327464991

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100061550211
STREET ADDRESS 11/18/05--01048--019 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 execute this report as required 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:

ISHMAEL ACQUAH ISHMAEL ACQUAH

NOV 15/05

407 496 4760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
05 NOV 18 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

