

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 19 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107267

1. Corporation Name

Big Dog Construction, Inc.

2. Principal Office Address

6101 Blue Duck Lane

Suite, Apt. #, etc.

#24

City & State

Orlando, FL

Zip

32809

Country

3. Mailing Office Address

6101 Blue Duck Lane

Suite, Apt. #, etc.

#24

City & State

Orlando, FL

Zip

32809

Country

800054847068
05/19/05--01018--003 **908.75

REINSTATEMENT 04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

42-1554009

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

Robert W. Singleton

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

6101 Blue Duck Lane

Suite, Apt. #, Etc.

#24

City

Orlando

State
FL

Zip Code
32809

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

REGISTERED AGENT MUST SIGN

Date 6 MAY 05

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
PDS	Robert W. Singleton	6101 Blue Duck Lane #24	Orlando, FL 32809

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

6 MAY 05

Date

407-448-9832

Daytime Phone #

CR2E081 (9/00)