

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN 18 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 03000009731**

1. Corporation Name

BIG LAKE TRANSPORT INC.

2. Principal Office Address - No P.O. Box #

9035 SW 160 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

9035 SW 160 TERR

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

43-1994856

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

MEDINA, ANGEL

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

9035 SW 160 TERR.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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 **1-11-08**

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
P, S, D	MEDINA, ANGEL	9035 SW 160 TERRACE	MIAMI - FL - 33157

800115517388
01/18/08--01025--020 **1200.00

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 contained in Chapter 119, 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

1-11-08

Date

786-234-2424

Daytime Phone #