

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000047994

1. Entity Name  
BIG CAT SPORTS, INC.



FILED

05 OCT 14 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
19651 BRUCE B DOWNS BLVD  
UNIT C-5  
TAMPA, FL 33647

Mailing Address  
19651 BRUCE B DOWNS BLVD  
UNIT C-5  
TAMPA, FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052005

REIN-P

CR2E098 (6/04)

4. FEI Number  
20-0014300

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIORDANO, JOHN N  
220 S FRANKLIN ST  
TAMPA, FL 33602

Name KEVIN E. Puma SR  
Street Address (P.O. Box Number is Not Acceptable)  
18302 BANKSTON PLACE  
City Tampa FL 33647

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

(NOTE: Registered Agent signature required when reinstating)

10-05-05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS PUMA, KEVIN E SR  
CITY-ST-ZIP 18302 BANKSTON PL  
TAMPA, FL 33647

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100060627141  
CITY-ST-ZIP 10/14/05--01053--020 \*\*150.00

TITLE ☐ Delete  
NAME V  
STREET ADDRESS PUMA, PATRICIA A  
CITY-ST-ZIP 18302 BANKSTON PL  
TAMPA, FL 33647

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

Kevin E. Puma SR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN E. Puma SR 10-05-05 813-393-8144  
Date Daytime Phone #