

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 29 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600130440806

05/29/08--01029--035 **450.00

CR2E081 (12/07)

DOCUMENT # **P040000 31539**

1. Corporation Name

1 Enormous Idea, Inc

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

2252 GRAND ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32208

Country

Duval

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/25/05

5. FEI Number

412127683

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

Johnny Washington

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

2252 GRAND ST

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32208

☒ 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.

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

Johnny Washington

Date

5/27/08

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
Pres	Johnny Washington	2252 GRAND ST	Jacksonville FL 32246
Pres.	Twilla Washington	2252 GRAND ST	Jacksonville FL 32246

REINSTATEMENT

06-08

9/8

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:

Johnny Washington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/08

Date

9548149562

Daytime Phone #