

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 12 PM 3:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

600089299076
02/27/07--01010--010 **1050.00

CR2E081 (12/05)

DOCUMENT # P04000088084

1. Corporation Name

BIG MINGLE, CORP

2. Principal Office Address

8075 NW 7 STREET

3. Mailing Office Address

MCO:759

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

4440 NW 7 AVE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33126

Country

Zip

33166

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

56-2465139

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

ERICK ROBERTO SOTO

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

8075 NW 7 STREET No. 201

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

REINSTATEMENT

05-07

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

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	CAROLINA SOTO ZUMARA	8075 NW 7 STREET No. 201	MIAMI, FL 33126
S	ERICK ROBERTO SOTO	8075 NW 7 STREET No. 201	MIAMI, FL 33126
VP	MARINEL C PETIT	8075 NW 7 STREET No. 201	MIAMI, FL 33126

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

Date

02/08/07

Daytime Phone #

00. Williams FEB 12 2007