

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2008 JAN 25 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000061947

1. Corporation Name

Big T Mobile Home Park Corp.

200116080972  
01/25/08--01003--010 \*\*450.00

REINSTATEMENT  
CR2E081 (12/07)

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

1101 Belcher Rd. S.

Suite, Apt. #, etc.

Suite B

City & State

Largo, FL

Zip

33771

Country

USA

3. Mailing Office Address

1101 Belcher Rd. S.

Suite, Apt. #, etc.

Suite B

City & State

Largo, FL

Zip

33771

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 04-27-05

5. FEI Number  
20-2750304

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

Joseph N. Perlman, Esquire

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

1101 Belcher Rd. S.

Suite, Apt. #, Etc.

Suite B

City

Largo

State

FL

Zip Code

33771

☒ 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

REGISTERED AGENT MUST SIGN

Date

**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	Les Miller	1248 Stone Harbour Rd.	Winter Springs, FL 32708
S	Richard Christie	103 Ocean Avenue	Bayshore, NY 11706
T	Harold Fisher	165 Great Hill Road	South Hampton, NY 11968

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

Daytime Phone #

B. Mitchell JAN 25 2008