

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

07 DEC 13 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700113083537


12/12/07--01048--002 **300.00

CR2E081 (1/07)

REINSTATEMENT

06-07

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P05000127654

1. Corporation Name BIG A.A. HAULING & CLEANING
INC
PO BOX 2325
BUNNELL, FL 32110

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

164 RAILROAD ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 2325

Suite, Apt. #, etc.

City & State

ESCANOLA

City & State

Bunnell FL

Zip

32110

Country

FLORIDA

Zip

32110

Country

FLORIDA

7. Name and Address of Current Registered Agent

Name

ALPHONSO HOLDEN

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

P.O. BOX 2325

Suite, Apt. #, Etc.

City

BUNNELL

State

FL

Zip Code

32110

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-3497284

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.

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

Alfonso Holden

REGISTERED AGENT MUST SIGN

Date 12/10/07

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
<u>P</u>	<u>HOLDEN ALPHONSO</u>	<u>P O BOX 2325</u>	<u>Bunnell FL 32110</u>

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:

Alfonso Holden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/07

Date

386-437-4264

Daytime Phone #