

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000124265	
1. Entity Name BIG IKE'S SPECIALTY CATERING INC	



Principal Place of Business 4327 NW 55TH ST NORTH LAUDERDALE, FL 33319	Mailing Address 4327 NW 55TH ST NORTH LAUDERDALE, FL 33319
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2. Principal Place of Business - No P.O. Box # 4327 NW 55th ST	3. Mailing Address 4327 NW 55 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State North Lauderdale FL	City & State FLAuda FIA
Zip 33319	Zip 33319
Country	Country

11152007 REIN-P CR2E098 (1/07)

4. FEI Number 20-5240026	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OKEEFE, SUSAN M 4325 NW 55TH ST NORTH LAUDERDALE, FL 33319	7. Name and Address of New Registered Agent Name: Cecilia L. Page Street Address (P.O. Box Number is Not Acceptable): 4327 NW 55th ST City: Fort Lauderdale FL Zip Code: 33319
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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: DATE: 11.21.07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAGE, ISSAC 4327 NW 55TH ST NORTH LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112576962 11/26/07--01046--021 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OKEEFE, ALLAN J 4325 NW 55TH ST NORTH LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 11/21/07 (954)288-0607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

2007 NOV 26 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11/29/07