

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000 127377

1. Corporation Name

BIG AL'S Hang-out Inc.

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

16728 NE 6th AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33162 U.S.A.

3. Mailing Office Address

16728 NE 6th AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33162 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/4/06

5. FEI Number

20-5574656

☐ 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

Allen Toussaint

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

15900 NE 3rd AVE

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33162

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 2/17/09

☒ 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.

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>PM</u>	<u>Allen Toussaint</u>	<u>16728 NE 6th AVE</u>	<u>Miami, FL 33162</u>

000144411820
02/25/09--01027--019 **450.00

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 2/17/09

Daytime Phone #

FILED
09 FEB 25 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

07-09

CR2E081 (12/08)

2/25/09