

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000088324

1. Entity Name
BIG WILL'S BARBECUE, INC.



Principal Place of Business
11732 BRADLEY RD
THONOTOSASSA, FL 33592

Mailing Address
11732 BRADLEY RD
THONOTOSASSA, FL 33592

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272008 REIN-P CR2E098 (1/07)

4. FEI Number

260640456

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, FAYE J VP
11732 BRADLEY RD
THONOTOSASSA, FL 33592

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

WILLIS HARRIS P

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Willis Harris P

11-07-08

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME HARRIS, WILLIS P
STREET ADDRESS 11732 BRADLEY RD
CITY - ST - ZIP THONOTOSASSA, FL 33592

☐ Delete

TITLE P
NAME HARRIS, FAYE J VP
STREET ADDRESS 11732 BRADLEY RD
CITY - ST - ZIP THONOTOSASSA, FL 33592

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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:

Faye J. Harris Faye J Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-07-08 813 431-8466

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11/17