

2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

10 JAN 19 PM 3:44

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P07000093920

1. Corporation Name

BIG BUSINESS US ENTERPRISE, INC

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

4736 NW 114 AVE

Suite, Apt. #, etc.

102

City &amp; State

DORAL, FL

Zip

33178

Country

U.S

3. Mailing Office Address

4736 NW 114 AVE

Suite, Apt. #, etc.

102

City &amp; State

DORAL, FL

Zip

33178

Country

U.S

## 7. Name and Address of Current Registered Agent

Name

PATRICIA S. BERTRAN

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

4736 NW 114 AVE

Suite, Apt. #, Etc

102

City

DORAL

State

FL

Zip Code

33178

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/2007

5. FEI Number

26-0753419

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

REGISTERED AGENT MUST SIGN

Date

01/11/10

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/S	BERTRAN, PATRICIA S.	4736 NW 114 AVE 102	DORAL, FL 33178

10. E-mail Address:

(To be used for future annual report notification)

 11. 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, I further certify 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 #

01/11/10 7862632097