

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
2006 DEC 26 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000013693

1. Corporation Name

BIG "L", INC.

*W06-52339*

2. Principal Office Address

4219 U.S. HWY 301

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ELLENTON, FL

City & State

Zip

34222

Country

Zip

Country

**REINSTATEMENT** 05-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0377052

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

BEVERLY SURLES

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

4219 US HWY 301

Suite, Apt. #, Etc.

500082407285

12/08/06--01061--010 \*\*150.00

City

ELLENTON

State

FL

Zip Code

34222

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

*Beverly J Surles*  
REGISTERED AGENT MUST SIGN

Date

11-15-06

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
PD	BEVERLY J SURLES	4219 US HWY 301	ELLENTON, FL 34222
STD	LINDA E BURGESS	4219 US HWY 301	ELLENTON, FL 34222

200082778062

12/26/06--01052--004 \*\*150.00

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: *Linda E Burgess*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-14-06

Daytime Phone #

12/27/06