## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Secretar	TMENT OF STATE by of State corporations		FILED 2008 JAN 17 AM 9: 09
DOCUMENT # P93 00007/327 (9) 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA
BIG TOMATO, INC.				300115396348 01/17/0801030014 **1350.00	
12	1) Office Address - No P.O. Box # 447	3. Mailing Office Address		CR2E081 (12/07)	
Suite, Apt. #		Suite, Apt. #, etc.  City & State		To Do Busir	orated or Qualified ness in Florida 10/14/1993
m	PMI	FL	•	<b>5.</b> FEI Number	Applied For Not Applicable
<sup>Zip</sup> 33.	156 DADE	Zip	Country	6.	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent					
Name RICHARD BORENSTEIN				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.	
Street Address (P.O. Box Number is Not Acceptable)					
Suite, Apt. #, Etc.					
City AVENTURA State Zip Code FL 33180					
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 Date REGISTERED AGENT MUST SIGN					
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
Pres	RICHARD BOREN	istern 320	Q N. E 2/2T	HTBR	AVENTURA FL
VP	RICHARD BOREN PHYLLIS BOREN	stein 32	22 N.E 212	TH TEN	AVENTURA FL 33180
					OH-08
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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Desylime Phone #					