

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED AND FILED

96 NOV 21 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038826

1. Corporation Name

THE BIG C., INC.

Principal Place of Business

Mailing Address

6815 JOHNSON STREET
HOLLYWOOD, FL 33324

~~6645 JOHNSON STREET~~
~~HOLLYWOOD FL 33324~~

500002015635--7
-11/27/96--01030--011
*****575.00 *****575.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable
C/O MAS P.O. BOX 771210

4. Date Incorporated or Qualified To Do Business in Florida

5/19/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0582910

Applied For

Not Applicable

City & State

City & State
CORAL SPRING, FLORIDA

6.

CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

33077

U.S.A

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
PVST	ANNE R. FONTANA	9829 ARBOR OAKS LANE	BOCA RATON FL 33428

REINSTATEMENT 1996
U. Alan

8. Name and Address of Current Registered Agent

COZZA, AUDRA
6815 JOHNSON STREET
HOLLYWOOD, FL 33324

9. Name and Address of New Registered Agent

Name ANNE R. FONTANA
Street Address (P.O. Box Number is Not Acceptable) 9829 ARBOR OAKS LANE
Suite, Apt. #, Etc.
City BOCA RATON State FL Zip Code 33428

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

X Anne R. Fontana
REGISTERED AGENT MUST SIGN

Date 11-20-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-96

Date

Daytime Phone #

CS2500 (12/95)