
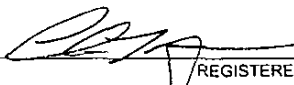
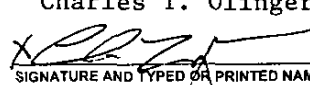


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  06 SEP 28 PM 12:56  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P95000011094</b> <b>1. Corporation Name</b>  BIG O ENTERPRISES, INC.				
<b>2. Principal Office Address</b> 2942 SW 91 Terrace  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 2942 SW 91 Terrace  Suite, Apt. #, etc.		
<b>City &amp; State</b> Gainesville, FL		<b>City &amp; State</b> Gainesville, FL		
<b>Zip</b> 32608	<b>Country</b> USA	<b>Zip</b> 32608	<b>Country</b> USA	
<b>7. Name and Address of Current Registered Agent</b>		<b>REINSTATEMENT</b> 0304 CR2E081 (12/05)		
<b>Name</b> Charles T. Olinger		<b>4. Date incorporated or Qualified To Do Business in Florida</b> 2/9/95		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2942 SW 91 Terrace		<b>5. FEI Number</b> 59-3295428		
<b>Suite, Apt. #, Etc.</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
<b>City</b> Gainesville		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		
<b>State</b> FL		<b>Zip Code</b> 32606		
<b>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.</b>  Signature of Registered Agent <input checked="" type="checkbox"/>  Date <input checked="" type="checkbox"/> 9/27/06 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P/D/T	CHARLES T. OLINGER	2942 SW 91 Terrace	Gainesville, FL 32608	
VP/D/S	WILLIAM D. OLINGER, III	2700-A NW 43rd Street	Gainesville, FL 32606	
<b>700080685567</b> 10/10/06--01056--005 **1200.00				
<b>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.</b>  Charles T. Olinger, President  <b>SIGNATURE:</b>  <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <div style="text-align: right;">Date <input checked="" type="checkbox"/> 9/27/06 x 352 256 5555 Daytime Phone #</div>				