


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

07 APR -6 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000013296**

1. Corporation Name

THE BIG HUB. COM

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

1820 NE JENSEN BEACH BLVD

Suite, Apt. #, etc.

634

City & State **JENSEN BEACH
FL**

Zip

34957

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

SAME

Country

SAME

200097578142
04/19/07--01036--010 **1200.00

REINSTATEMENT 00-07

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/1995

5. FEI Number

650580834

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

JAYME DORRDLH

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

1820 NE JENSEN BEACH BLVD

Suite, Apt. #, Etc.

634

City

JENSEN BEACH

State

FL

Zip Code

34957

☒ 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

Jayme Dorrldh
REGISTERED AGENT MUST SIGN

Date **4/5/2007**

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	DARRELL PETERSON	1820 NE JENSEN BEACH BLVD # 634 JENSEN BEACH FL 34957	
DIR	JAYME DORRDLH		
DIR	MEREDITH METZER		

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:

Jayme Dorrldh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

267 350 9443

Daytime Phone #