

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR -3 PM 1:07

DOCUMENT # P95000013296

1. Corporation Name

THE BIGHUB.COM, INC.

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

805 W. Oakland Park Blvd

Suite, Apt. #, etc.

E-15

City & State

Ft. Lauderdale, FL

Zip

33311

Country

USA

3. Mailing Office Address

805 W Oakland Park Blvd

Suite, Apt. #, etc.

E-15

City & State

Ft. Lauderdale, FL

Zip

33311

Country

USA

800148552928

04/03/09--01022--013 \*\*900.00

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

1995

5. FEI Number  
65-0580634

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

MARCELLA JOSEPH

Street Address (P.O. Box Number is Not Acceptable)  
805 W OAKLAND PARK BLVD

Suite, Apt. #, Etc.  
E-15

City

FT. LAUDERDALE

State

FL

Zip Code

33311

☒ 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

*Marcella Joseph*

Date 3-19-09

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
P	Marcella Joseph	805 W. Oakland Park Blvd E-15	Wilton Manors FL 33311
S/T	Marie Joseph	805 W. Oakland PK Blvd E-15	W. Hon Manors, FL 33311
		STATEMENT 08-09	4/6/09

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:

*Marcella Joseph*

Marcella Joseph

3-19-09

954-667-4509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #