PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 JUN 17 AM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023123

1. Corporation Name BIG SUN PROPERTIES, INC.

Mailing Address / Principal Place of Business

4200 North University Drive
Davie, Florida 33328

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
March 28, 1995

5. FEI Number
65-0568924
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

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
P, D	JERRY HART	5901 S.W. 58th Court	Davie, Florida 33314
S,T,D	PHILLIP ANDREOLA	1385 N.W. 126th Way	Sunrise, Florida 33323

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****915.00 ****915.00

REINSTATEMENT 6-97

6-18-97

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 Hays Street
Tallahassee, Florida 32301

9. Name and Address of New Registered Agent

Name: JERRY HART
Street Address (P.O. Box Number is Not Acceptable): 4200 N. University Drive
Suite, Apt. #, Etc.:
City: Davie
State: FL
Zip Code: 33328

CR2E040 (6/94)

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: JERRY HART, REGISTERED AGENT MUST SIGN
Date: June 10th, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ] (See other side for information on intangible tax.)

13. 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)(i), 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: 6/10/97 (305) 382-4250