

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
97 MAY 29 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *195 0000 722 40*

1. Corporation Name *BIG G ENTERPRISES, INC.*

Principal Place of Business Mailing Address
13255 S.W. 36 ST. 13255 S.W. 36 ST
MIAMI, FL 33175 MIAMI, FL 33175

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

REINSTATEMENT *90-97*

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <i>9/19/95</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>65-0615849</i>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
<i>P.D.</i>	<i>JESUS GUTIERREZ</i>	<i>13255 SW 36ST MIAMI FL 33175</i>	
<i>P.S.D.</i>	<i>YOLANDA GUTIERREZ</i>	<i>13255 SW 36ST MIAMI FL 33175</i>	
			<i>900002200349--6 --06/03/97--01105--006 ***915.00 ***915.00</i>
			<i>905-30-97</i>

8. Name and Address of Current Registered Agent <i>JESUS GUTIERREZ 13255 SW 36 ST MIAMI, FL 33175</i>		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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 *[Signature]* REGISTERED AGENT MUST SIGN Date *5/27/97*

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 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 under section 119.07(3)(i), 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *JESUS GUTIERREZ*
Date *5/27/97 (305) 594-0581* Daytime Phone #

CR2E040 (1/2/96)