## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMET CONSTATE Lather ne faction bit decretary stations							FILED 192			
DOCUMENT # <b>P95000096165</b>						01 DEC 13: AM 10: 20				
THE BIG APPLE CORP.						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address										
690 S.W. 18TH STREET 690 S.W. BOCA RATON FL 33486 BOCA R			18TH STREET TON FL 33486							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.										
1/93			ing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     12/20/1995				
Suite, Apt. #, etc. Suite			DEERFIELD BEACH			5. FEI Number Applied For				
City & State City &			0 A	-		6. 65-0651451 Not Applicable				
Zip	Country Zip 334		42 Country		'A	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			Fee required of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
р	CERASUOLO, RON	690 S.W. 18TH STREET			BOCA RATON FL 33486					
S	BOGER, ADRIENNE	690 SW 18TH STREET				BOCA RATON FL 33486				
					n name n n name n n n n n n n n n n n n n n n n n n n	8000047409984 -12/27/0101034015 ****150.00 *****150.00				
							[ ] [ ]	S	*	
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8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
Name						(1008)				
CERASUOLO, RON 690 S.W. 18TH STREET BOCA RATON FL 33486				Street Address ( Suite, Apt. #, Etc		P.O. Box Number is Not Acceptable) ** 999				
			City			State 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 REGISTERED AGENT MUST SIGN  Date 10131101										
11. 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 filling 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										

The Big Apple Corp. 1193 SW 14th Ave Deerfield Boach FL 33442 Fact 954-698-0768

November 30, 2001

Dear Lesslie Sellers,

You were a pleasure speaking with; also we are in agreement with you regarding the fact of when additional paper is added to a change of address envelope things may get misdirected.

Here is our replacement check and our current mailing address for your files. We thank you for your patience and instruction.

Sincerely,

The Big Apple Corp.

Ron G. Cerasuolo -CEO

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