

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 JAN -3 AM 9:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

[Handwritten signature]

DOCUMENT # P96000026418

1. Corporation Name

BIG DUDE, INC.

Principal Place of Business

Mailing Address

1671 N.E. 144TH STREET NORTH MIAMI FL 33181

1671 N.E. 144TH STREET NORTH MIAMI FL 33181

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida

03/26/1996

5. FEI Number

65-0653448

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PSTD, BIRRANE, ANTHONY E, 1671 N.E. 144TH STREET, NORTH MIAMI FL 33181. Includes a barcode and numbers: 300003103899--6 -01/20/00--01024--013 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BIRRANE, ANTHONY E 1671 NE 144TH ST NORTH MIAMI FL 33181

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] SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date 12/29/1999

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 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] ANTHONY BIRRANE 12/29/1999 Date Daytime Phone # 305-947-1084

CR2E040 (8/99)