

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P96000032141**

1. Corporation Name

**BIG SUN INVESTMENTS, INC.**

Principal Place of Business

**2300 GLADES RD.  
SUITE 400 WEST  
BOCA RATON FL 33431**

Mailing Address

**2300 GLADES RD.  
SUITE ~~400~~ WEST 450 WEST  
BOCA RATON FL 33431**

FILED

97 OCT 27 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 97**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/12/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0756785	
				Applied For	
				Not Applicable	
				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
D	SCHWARTZ, LARRY	2300 GLADES RD., STE. 450 WEST	BOCA RATON FL 33431
			200002332912-9
			-10/29/97--01093--023
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

**NUMMERS, LEE C**

**2300 GLADES RD.**

**SUITE ~~400~~ WEST**

**BOCA RATON FL 33431**

**Suite 450 - West.**

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

*Lee C. Nummers*  
REGISTERED AGENT MUST SIGN

Date

**10-24-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(l), 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/24/97**

Daytime Phone #

**561-780-7200**

CR2040 (8/97)