

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 12 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000043975**

1. Corporation Name

Big Daddy's Service Center, Inc.
2136 N.W. 3rd Ave
Ocala, FL 34475

2. Principal Office Address

2136 N.W. 3rd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34475

Country

**US
Marion**

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/98

5. FEI Number

59-3542481

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Janice Clark

Street Address (P.O. Box Number is Not Acceptable)

5001 SW 20th ST

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

TS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Janice Clark

REGISTERED AGENT MUST SIGN

Date 1-4-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1 V:	Ronald Clark	5001 SW 20th ST	Ocala, FL 34474
2 M:	Guelf Waage	7339 SE 119th Pl	Belleview, FL 34420
3 P:	Janice Clark	5001 SW 20th ST	Ocala, FL 34474

10. 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:

Janice Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00

Date

352-369-5155

Daytime Phone #

CP2E081 (9/99)