

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 MAR 24 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000084447

1. Corporation Name

IT'S NO BIG DEAL, INC.

Principal Place of Business

Mailing Address

1120 STATE AVENUE  
HOLLY HILL FL 32117

1120 STATE AVENUE  
HOLLY HILL FL 32117

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

2. New Principal Office Address, If Applicable

835 No. Beach St.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

835 No. Beach St.  
Suite, Apt. #, etc.

City & State

Daytona Beach, FL  
Zip 32114 Country USA

City & State

Daytona Beach, FL  
Zip 32114 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/1996

5. FEI Number

59-3454951

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	AMSALEM, AMNON	144 PALM SPARROW CT	DAYTONA BEACH FL 32119
SD	AMSALEM, JACQUELINE	144 PALM SPARROW CT	DAYTONA BEACH FL 32119
VD	WOLFBERG, TOMMY	335 14TH STREET	HOLLY HILL FL 32117
			600003226056--8 -04/27/00--01012--006 ****900.00 ****900.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMSALEM, JACQUELINE  
144 PAL SPARROW CT  
DAYTONA BEACH FL 32119

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

3/17/00

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/00

Daytime Phone #

CR2E040 (8/99)