

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 12 PM 1:56

DOCUMENT # **P9600008447**

1. Corporation Name

IT'S NO BIG DEAL, INC
835 N BEACH STREET
DAYTONA BEACH, FL 32114

900004961709--6
-02/20/02--01064--011
******900.00 ****900.00**

REINSTATEMENT 01-02

2. Principal Office Address

3. Mailing Office Address

835 N BEACH ST

835 N BEACH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH FL

Zip

Country

32114

FLORIDA

Zip

Country

32114

FLORIDA

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

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. Name and Address of Current Registered Agent

Name

JACQUELINE AM SALEM.

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

144 PALM SPARROW COURT

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State
FL

Zip Code

32114

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

Jacqueline

REGISTERED AGENT MUST SIGN

Date **12/7/01**

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
DP	Amnon Ansaem	144 PALM SPARROW	DAYTONA BEACH, FL 32114
DS	JACQUELINE ANSAEM	144 PALM SPARROW CT	DAYTONA BEACH, FL 32114

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:

Amnon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amnon Ansaem

Date

12/7/01 252 0348

Daytime Phone #

CR2E081 (9/00)