PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

V					
REINS ALLO	FILED SECRETARY OF STATE VISION OF CORPORATIONS OO MAY -8 PM 2:31				
DOCUMENT # P97		. 0 111 2.31			
المالية	-				
BIG BOYZ	COMPA	MY INC			
#P97000029146		,			
2. Principal Office Address 3. Mailing Office Address					
40440 US 19 N			:		
Suite, Apt. #, etc.	pt. #, etc. Suite, Apt. #, etc.		4. Date Incorporated or Qualified		
City & State	City & State		To Do Business in F	dorida 4 - / -	/997 Applied For
TARPON SPRINGS F		PRINGS FC	59-344 34	748	Not Applicable
34689 PINELLAS	34689	PINGILAS	6. CERTIFICATE OF STAT		litional Fee required rtificate of Status
	7. Name and A	ddress of Current Register	ed Agent		
Name Gil Lul	IENTHAL		6000	00326632	264~6
Street Address (P.O. Box Number is 40 440	~	05/25/000103	8002 **4 3 8.75		
Suite, Apt.:#, Etc:	<i>U.S.</i> 19			**************************************	
City	- 00		State	Zip Code	
<u> </u>	PRINGS		FL	34689	
8. I, being appointed the registered agent of the a	bove named corporation, am fa	amiliar with and accept the ot	oligations of section 607.09	505 or 617.0503, F.S.	
Signature of Registered Agent	REGISTERED AGENT MUST	SIGN	Date	5/2/00	
9. Names and Street Addresses of Each Officer a	and/or Director (Florida nonprof	fit corporations must list at le	ast 3 directors)		
Titles Name of Officers and/or Director	ors	Street Address of Each Officer and/or Director		City / State / Zip	24.56
PROS BRETT A P.	Hillips 825	825 RIVERSIDE DE		RPON-5PRIN	-FL
TRIS DRUTT ASSE	777793 000				24689.
V. P-D GII LILLEN	THAL 4044	40440 US 19 N		TARBN SPRINGS FC	
TRES GIL LILIEN	TAM 404	40440 US 19 N		TARPON SPRINGS FL	
SEC BRETT PHILL	103 825	RIVERSIDA	DR TI	ARPON SPRI	163 FL
		-			j !
		*****		11/5/18	
10. I certify that I am an officer or director or the re	ceiver or trustee empowered to	evecute this annication as a	provided for in chapter 607	or 617 E.S. Lfurther certify	that when filing
this reinstatement application, the reason for d	issolution has been eliminated,	the corporate name satisfies	the requirements of section	n 607.0401 or 617.0401, F.	S., that all fees

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

Daytime Phone #

