

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 13 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0980000011754

1. Corporation Name

BIG-BEN INTERNATIONAL
INC.

2. Principal Office Address

18452 NE 2AV

Suite, Apt. #, etc.

3. Mailing Office Address

18452 2AV

Suite, Apt. #, etc.

City & State

N.M.B FL

City & State

N.M.B PL

Zip

33179

Country

DADE

Zip

33179

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

65-0846797

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

JEHSUAH WINTROB

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

18452 NE 2AV

Suite, Apt. #, Etc.

City

N.M.B

State

FL

Zip Code

33179

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

JEHSUAH WINTROB

Date

1/10/01

REGISTERED AGENT MUST SIGN

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

JEHSUAH WINTROB

PRES

18452 NE 2AV

N.M.B

PL 33179

78

DO-01 UBR

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

Date

Daytime Phone #

CR2E081 (9/99)

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To. FLORIDA DEP OF STATE

ATT TO TXRONE SCOTT-

We are a big ben international
we ~~will~~ send the check with the
file 4 months ago and we don't
know what happend to it.
It must have ~~be~~ came late please
exept the new aplication we are
sending you.