PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 AUG -9 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-01

DOCUMENT # P98000045895

1. Corporation Name
BIG FOOT EXPRESS, INC.

2. Principal Office Address	3. Mailing Office Address
632 SW 34 STREET	632 SW 34 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE, FL	City & State: FT LAUDERDALE, FL
Zip: 33315 / Country: BROWARD	Zip: 33315 / Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 05/21/1998

5. FEI Number: 65-0837489 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee for Certificate of Status

7. Name and Address of Current Registered Agent

Name: CHRISTOPHER CLARKE

000004538710--7
-08/16/01--01073--004
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 632 SW 34 STREET

Suite, Apt. #, Etc.:

City: FT. LAUDERDALE | State: FL | Zip Code: 33315

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: Christopher Clarke — Date: _____
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
D	CHRISTOPHER CLARKE	632 SW 34 STREET	FT.LAUDERDALE FL 33315
			000004538710--7 -08/16/01--01073--005 ****167.50 ****167.50
		W01000017128	

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: Christopher Clarke — 7/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #