

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 27 AM 9:06

DOCUMENT # P98000045895

1. Corporation Name

BIG FOOT EXPRESS, INC

1440 CORAL RIDGE DR.
1440 CORAL RIDGE DR.

2. Principal Office Address

1440 CORAL RIDGE DR.

3. Mailing Office Address

1440 CORAL RIDGE DR.

Suite, Apt. #, etc.

SUITE 298

Suite, Apt. #, etc.

SUITE 298

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/21/1998

5. FEI Number

650837489

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

Clarke, Christopher

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

632 SW 34th St.

Suite, Apt. #, Etc.

City

Ft Lauderdale, FL

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

8-24-04

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	Clarke, Christopher	1440 Coral Ridge Dr. Suite 298	Coral Springs, FL 33071

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

Christopher Clarke

8-24-04

Date

(954) 599-5409

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)