

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 SEP 24 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98-47225

1. Corporation Name

Big Big Miami Corp.

700004627437--2

-10/08/01--01080--009

****900.00 ****900.00

2. Principal Office Address

1259 Washington Ave

3. Mailing Office Address

11 East 26th Street 5th fl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

New York, NY

Zip

33139

Country

USA

Zip

10010

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/98

5. FEI Number

65-0837298

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

United Corporate Services Inc.

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

91200 South Dadeland Blvd.

Suite, Apt. #, Etc.

Suite 508

City

MIAMI

State

FL

Zip Code

33156

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

[Signature]

Date

8-29-01

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
C	Douglas Levine	17 East 17th Street	New York, NY 10003
P	James Solomon	247 West 87th Street Apt 21E	New York, N.Y. 10024
D	Martin Franklin	555 Theodore Fremd Ave Suite B 302	Rye, NY 10580
D	Jim Hauslein	one loft apte Pl 2011 third floor	Greenwich CT. 06830
D	Greg Manocherian	1135 Central Park West	New York, NY 10023

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/01

Date

Daytime Phone #