

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000055602

1. Corporation Name

BIG MISTAKE, INC.

Principal Place of Business

2304 ALOMA AVE
SUITE 200
WINTER PARK FL 32792

Mailing Address

2304 ALOMA AVE
SUITE 200
WINTER PARK FL 32792

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1998

5. FEI Number

59-3518346

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ZERIVITZ, DONALD	2304 ALOMA AVE SUITE 200	WINTER PARK FL 32792
D	ZERIVITZ, LEE	2304 ALOMA AVE SUITE 200	WINTER PARK FL 32792

300008576089
10/24/02--01099--008 **150.00

10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITE, W. GRAHAM
250 PARK AVE. 30.5TH FLOOR
WINTER PARK FL 32789

Name
DONALD ZERIVITZ
Street Address (P.O. Box Number is Not Acceptable)
2304 ALOMA AVE
Suite, Apt. #, Etc.
SUITE 200
City
WINTER PARK
State
FL
Zip Code
32792

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 407 740 5554

**PRO
CLEAN**
BUILDING
MAINTENANCE

October 22, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

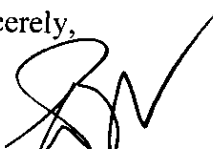
RE: Big Mistake, Inc.
Document # P98000055602

To Whom It May Concern:

On Tuesday, October 21, 2002 we received a Notice of Administrative Dissolution or Revocation for Big Mistake, Inc. We have no record of receiving a Uniform Business Report for this corporation prior to this notice.

We request that you waive the reinstatement fee for Big Mistake, Inc. We are enclosing the completed Application for Reinstatement and a check for the filing fee without penalty of \$150.00. If you need any further information to reinstate the corporation, please contact us immediately.

Sincerely,



Donald Zerivitz
Director

enclosure