

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR -8 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076824

1. Corporation Name

BIGGERS ENTERPRISES OF FLORIDA, INC.

2. Principal Office Address

1404 Tusca Trail

Suite, Apt. #, etc.

City & State

Winter Springs, FL

Zip

32708

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/2/98

5. FEI Number

59-3531704

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

Bradford P. Biggers

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

1404 Tusca Trail

Suite, Apt. #, Etc.

City

Winter Springs,

State
FL

Zip Code
32708

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]

REGISTERED AGENT MUST SIGN

Date 3/6/00

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
P/D	Bradford P. Biggers	1404 Tusca Trail	Winter Springs, FL 32708

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] AS PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

(407)-696-7805
Daytime Phone #

CR2E081 (9/99)

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 616094 4359488

AUTHORIZATION :

COST LIMIT : \$ 900.00

Patricia P. [Signature]

ORDER DATE : March 8, 2000

ORDER TIME : 10:37 AM

ORDER NO. : 616094-005

CUSTOMER NO: 4359488

CUSTOMER: Ms. Carol W. Campbell
Wright Railey & Harding, P.a.
20 North Eola Drive

Orlando, FL 32801

DOMESTIC FILINGS

NAME: BIGGERS ENTERPRISES OF
FLORIDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 MAR - 8 PM 12: 09

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