PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P99000034560 **DOCUMENT#**

1. Corporation Name

BIG BANG, INC.

Principal Place of Business

Mailing Address

5206 MINK ROAD SARASOTA FL 34235 5206 MINK ROAD SARASOTA FL 34235 APPROVED AND

00 OCT 23 PM 3: n9

SECRETARY OF STATE FALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.—							<u></u>			
				iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 04/12/1999				
Suite, Apt. #, etc. Suite, A				, etc.		5. FEI Numb	5. FEI Number			
City & State			City & State	City & State			45-0978588			
- L Country			7:0	Zip Country			6. S8 75 Additional Fee required			
Zip	Country		Zip		Country	CERTIFICA	TE OF STATUS DESIRED		Certificate of Status	
7. Names	and Street Addresses of	Each Officer and	l/or Director (Flo	rida nonpro	fit corporations must list at	least 3 directors)				
Title(s)	Name of Officers and/or Directors			3	Street Address of E Officer and/or Direct					
[Ea	ROBERT A	Bowes		120. Jana	4 Minus 20 AUTA, FA		JARA 107A	<u>-</u> 1	34235	
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					OEIM	STATE	Address of New Register			
8. Name and Address of Current Registered Agent					9: Name and Address of New Registered Agent					
DOUTE COSTOT A					Name					
BOWES, ROBERT A 5206 MINK ROAD					Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA FL 34235					Suite, Apt. #, Etc.					
					City	City State FL				
10. I, bein Signature Registered	of S	elva	ove named comp	1)	familiar with and accept the	e obligations of Se			ast	
11. I certify	y that I am an officer or o	irector or the rece he reasen for dist	eiver or trustee er solution has beer	mpowered to	o execute this application a	as provided for in c fies the requiremen	hapter 607 or 617, F.S. I futs of section 607.0401 or 6	urther cer 317.0401,	tify that when filing , 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 leggl effect as if made under oath.

SIGNATURE:

on this application is true and

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #