

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000042450

1. Corporation Name
BIG BILL'S, INC.

FILED
05 SEP 22 PM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address 234 N. FIRST ST. Suite, Apt. #, etc.		3. Mailing Office Address 234 N. FIRST ST. Suite, Apt. #, etc.	
City & State JACKSONVILLE BEACH, FL		City & State JACKSONVILLE BEACH, FL	
Zip 32250	Country Duval	Zip 32250	Country Duval

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida	05/10/1999
5. FEI Number	59-3591226
<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name MICHELLE SCHEIDING		
Street Address (P.O. Box Number is Not Acceptable) 234 N. FIRST ST.		600059998536 09/27/05--01030--004 **1050 00
Suite, Apt. #, Etc.		
City Jacksonville Beach	State FL	Zip Code 32250

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: Michelle Scheiding REGISTERED AGENT MUST SIGN Date: 9/20/05

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	STEVENS, WILLIAM O	234 N. FIRST ST.	JACKSONVILLE BEACH, FL 32250

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: W O Stevens Date: 9/20/05 Daytime Phone #: 904-246-6248

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR