1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 AUG -2 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000065531

1. Corporation Name
BIG FISH 2000, INC

Principal Place of Business	Mailing Address
20 Island Ave. #1018 Miami, FL 33139	20 Island Ave. #1018 Miami, Fl 33139

2000-2001 VBR

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
55 SW Miami Av. Road	55 SW Miami Av. Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33130 Country: U.S.A.	Zip: 33130 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: July 23, 1999

5. FEI Number: 65-0945329 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Bottiglieri, Giuseppe	55 SW Miami Ave. Road	Miami, Fl 33130
SD	Furstenberg, Sebastian	55 SW Miami Ave. Road	Miami, FL 33130
TD	Bella, Ricardo	55 SW Miami Ave. Road	Miami, FL 33130

300004548283--0
-08/22/01--01025--019
****300.00 ****300.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Estrella, David 20 Island Avenue #1018 Miami, FL 33139	Name: Bottiglieri, Giuseppe Street Address (P.O. Box Number is Not Acceptable): 55 SW Miami Ave. Road Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33130

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.

Signature of Registered Agent: _____ Date: _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E047 (1/99)

Attachment # P99000065531
2 of 2

Brito & Brito Accounting
407 Lincoln Road, Suite 5-b
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534

State of Florida
Division of Corporations

July 26, 2001

Ref.: Big Fish 2000, Inc.

Dear Sir or Madam:

Please find enclosed check in the amount of $300.00 for the reinstatement of the above mentioned corporation.

The owner was extremely ill and has been in and out of hospital for the past two years. Also please note his new address. Please be kind enough to accept his reinstatement of his corporation.

If you have any further questions, please do not hesitate in contacting me at my office.

Sincerely,

George Brito
Accountant