

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 14 PM 1:39

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 285411

1. Corporation Name

Little + Co, Inc.

REINSTATEMENT 10-11

300201906063
04/14/11--01036--005 **\$900.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

3232 Maine Ave.

Suite, Apt #, etc.

3. Mailing Office Address

P.O. Box 1849

Suite, Apt #, etc.

City & State

Lakeland Fl.

City & State

Eaton Park Fl

Zip

33801

Country

US

Zip

33840

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1964

5. FEI Number

59-1057016

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 Smith, Wyatt F. Jr.

Street Address (P.O. Box Number is Not Acceptable)
3232 Maine Ave.

Suite, Apt #, Etc.

City Lakeland

State FL

Zip Code 33801

02/15

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

REGISTERED AGENT MUST SIGN

Date

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
ST	Smith, Gayle V.	3232 Maine Ave.	Lakeland Fl 33801
V	Smith, Gayle V.	3232 Maine Ave.	Lakeland Fl. 33801
PD	Smith Jr, Wyatt F.	3232 Maine Ave.	Lakeland Fl. 33801

10. E-mail Address: Newanna@littleandcompany.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Wyatt F. Smith Jr

Wyatt F. Smith Jr 04-12-11 8636654887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #