

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 12 AM 10:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L90154

1. Corporation Name

LITTLE BASIN, INC.

2. Principal Office Address

136 Seashore Drive

Suite, Apt. #, etc.

City & State

Islamorada, Fla.

Zip

33036

Country

Monroe

3. Mailing Office Address

136 Seashore Drive

Suite, Apt. #, etc.

City & State

Islamorada, Fla.

Zip

33036

Country

Monroe

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/90

5. FEI Number

65-0215753

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

GEORGE D. HERTEL

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

136 Seashore Drive

Suite, Apt. #, Etc.

City

Islamorada

State

FL

Zip Code

33036

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

George D. Hertel

REGISTERED AGENT MUST SIGN

Date

9-22-00

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	DOROTHY J. HERTEL	136 Seashore Drive	Islamorada, Fla. 33036
VP-D	GEORGE D. HERTEL	136 Seashore Drive	Islamorada, Fla. 33036

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-22/00

Daytime Phone #

305-664-2096

KE