

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC 22 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

F04000005060

B. Littlefield & Sons Inc.

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

411 NW 106th Ave.

3. Mailing Office Address

411 NW 106th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34482

Country

USA

Zip

34482

Country

USA

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 1981

5. FEI Number
01-0376439

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

Deborah A. Putnam

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

411 NW 106th Ave.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34482

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Deborah A. Putnam

Date 12/18/08

REGISTERED AGENT MUST SIGN

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	Dawn Morris	44 Appy Acres	No. Berwick ME 03906
T	Dwight B. Littlefield	411 NW 106th Ave	Ocala, FL 34482
S	Dwight B. Littlefield	411 NW 106th Ave	Ocala, FL 34482

REINSTATEMENT

05-08

300139203573
12/22/08 61651-003 \$1200.00

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 contained in Chapter 119, 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:

Dwight B. Littlefield

Dwight B. Littlefield

12/18/08

Date

939 872 0636

Daytime Phone #