

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000000625**

99 NOV -1 PM 4:32

1. Corporation Name

LITTRELL & ASSOCIATES LIMITED, INC.

Principal Place of Business

Mailing Address

620 SCHENK MILL RD
 PERKASIE PA 18944
 US

620 SCHENK MILL RD
 PERKASIE PA 18944
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

620 SCHWENKMILL RD.

3. New Mailing Office Address, If Applicable

620 SCHWENKMILL RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

PERKASIE, PA

City, State

PERKASIE, PA

Zip

Country

18944

US

Zip

Country

18944

US

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

02/07/1996

5. FEI Number

23-2678290

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	LITTRELL, CHRISTOPHER	620 SCHENK MILL RD	PERKASIE PA 18944
PCD	LITTRELL, CHRISTOPHER	620 SCHWENKMILL RD	PERKASIE, PA 18944

800003030036
-11/09/99--01005--023
*****750.00 ***750.00**

8. Name and Address of Current Registered Agent

LITTRELL, PERRY K
631 HIBISCUS DRIVE, STE C
HALLANDALE FL 33009

9. Name and Address of New Registered Agent

Name
LITTRELL, PERRY K
 Street Address (P.O. Box Number is Not Acceptable)
631 HIBISCUS DRIVE
 Suite, Apt. #, Etc.
SUITE C

City
HALLANDALE

State
FL

Zip Code
33009

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-26-99**

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., 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-27-99

Daytime Phone #

AD

CR02040 (8/99)