

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 19 PM 3:23

DOCUMENT # K22984

1. Corporation Name

LITTLE GEMS INC

2. Principal Office Address

PO BOX 541360

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

Country

33454-1360

Palm Beach

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-04

4. Date Incorporated or Qualified  
To Do Business in Florida

3/1/1938

5. FEI Number

65-0099162

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

Lillian Goldstein

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

5465 Egret Isle Trail

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

*Lillian Goldstein*

Date

4/21/2004

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/T	Lillian Goldstein	PO Box 541360	Lake Worth FL 33454

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:

*Lillian Goldstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/2004

Daytime Phone #

561-965-2846

5/19/00

2/2

Lillian Goldstein  
PO Box 541360  
Lake Worth, FL 33454-1360

Dear Mr. Dunlap,

I had never received the UBR application forms to keep my Little Gems Corporation Active.

The two checks are for four years as we discussed over the phone.  
Thank You for your assistance.

Most sincerely,

*Lillian Goldstein* 4/21/2004  
Lillian Goldstein