

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 28 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022604

Name and Mailing Address

0009584 01 FP 0.352 **PRSRT H3 0 0615 32539-280820



LITTLE SKY, L.L.C.
420 EAST PINE AVENUE
CRESTVIEW FL 32539-2808



2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 12/20/2001		6. FEI Number 75-2989123	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
3. New Principal Place of Business Address City, State, Zip		8. Name and Address of Current Registered Agent BATSON, THOMAS B 420 EAST PINE AVENUE CRESTVIEW FL 32539	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers are Not Acceptable) City FL Zip Code		10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BATSON, THOMAS	420 EAST PINE AVENUE	CRESTVIEW FL 32539
MGRM	Robert Eadenhead	420 East Pine Ave	Crestview FL 32539

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 12-26-02 Daytime Phone # 850 902 2843

Typed or printed name of signing Managing Member/Manager