

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N02442*

1. Corporation Name

LITTLE COURT CONDOMINIUM ASSOC.

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

5850 LITTLESTONE CT

3. Mailing Office Address

4165 YARMOUTH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. FORT MYERS, FL

City & State

N. FT MYERS, FL

Zip

33903

Country

LEE

Zip

33903

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 10, 1984

5. FEI Number

59 2539189

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

RICHARD CRISH

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

5838 LITTLESTONE COURT

Suite, Apt. #, Etc.

City

N. Ft MYERS

State

FL

Zip Code

33903

REINSTATEMENT

08-13

JAN 14 2013

T. SCOTT

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

Richard Crish

Date

1/9/13

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
<i>P</i>	<i>RICHARD CRISH</i>	<i>5838 LITTLESTONE CT</i>	<i>N. Ft MYERS, FL 33903</i>
<i>T</i>	<i>REGINA TRIPLETT</i>	<i>4165 YARMOUTH COURT</i>	<i>N. Ft MYERS, FL 33903</i>
<i>V</i>	<i>DAVID GILBERT</i>	<i>5830 LITTLESTONE CT</i>	<i>N. Ft MYERS, FL 33903</i>
<i>S</i>	<i>CORINNE CRISH</i>	<i>5838 LITTLESTONE CT</i>	<i>N. Ft MYERS, FL 33903</i>
<i>D</i>	<i>GARY TRIPLETT</i>	<i>4165 YARMOUTH COURT</i>	<i>N. Ft MYERS, FL 33903</i>

10. E-mail Address: *NONE*

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

REGINA TRIPLETT

Regina Triplett

1/10/13

282-991-3751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #