**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION '	s s	DEPARTMEN' Secretary of Station of Corpora	ate	12			
DOCUMENT # NO5000011866 1. Corporation Name Little Dreams Foundation, Inc.					SECKLIARD OF STATE TALLAHASSEE, FLORIDA			
Principal Office Address - No P.O. Box # 3. Mailing Office Address								
			nmy LEE Rd			CR2E081 (11/10)		
Suite. Apt. #, etc. Suite. Apt. #, etc.			etc.			4. Data language and as Qualified		
City & State City & State					To Do Busin	Business in Florida 11 · 23 - 2005		
Winter Haven, to Winter Zip Country Zip			Haven H O2.		ــــ شا	778255 Applied For Not Applicable		
338 <i>8</i>	30 9 5.	3388	ند ا د ح	5	6. CERTIFICATI	E OF STATUS DESIRED \$8.75	Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent								
Name Wather I . Stipper					600241336826			
Street Address (P.O. Box Number is Not Acceptable)					10/30/1201013015 **358.75			
Suite, Apt. #, Etc.								
City, State Zip Code								
Winter Haven FL 33880								
8. I, being appointed the registerer agent of the above hamed corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S								
Signature of Registered Agent Wathau A. Space Date 9-17-12 REGISTER BIO AGENT MUST SIGN							2	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles	Nam Officers and/			eet Address of Eacl		City / State	/ Zip	
Pros.	Nothan L. Skipper		6 Jimmy LEE Rd.		2d.	Winter Haver	FL 33880	
V.P_ Tres·	Donna L Skipper		6 Jimmy Lee Rd		2	Winter Haven, FL 33880		
Sect.	\sim	rter	8 Jimmi	Lee To	સ	Winter Haven, F	7. 33880	
						N-17		
			INST	ATEM	ENT	OCT 3	0 2012	
				, i		T. So	СОТТ	
10. E-mail Address: Canecrazee @ GOL. com								
(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 control 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 subpristed in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.								
SIGNATURE: 10+100 X SKAZE, 9-17-12 863-604-4506								
SIGNATURE AND TYPED OF MAINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								