

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000035920

1. Corporation Name

LITTLE GIGGLES, INC.

Principal Place of Business

Mailing Address

55 PINE FOREST DRIVE
DUNDEE FL 33838

55 PINE FOREST DRIVE
DUNDEE FL 33838

Haines City, FL 33844

Haines City, FL 33844

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/07/2000

5. FEI Number

59-3637586

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GREEN, GEORGIA	55 PINE FOREST DRIVE	DUNDEE FL 33838 Haines City, FL 33844
VTD	GREEN, GARY	55 PINE FOREST DRIVE	DUNDEE FL 33838 Haines City, FL 33844
			200004677642--1
			11/14/01 01001 030
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, GEORGIA

55 PINE FOREST DRIVE

~~DUNDEE FL 33838~~

Haines City, FL 33844

Name

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

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RONALD A. BROWN
& ASSOCIATES, P.A.**

Certified Public Accountants

October 22, 2001

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Little Giggles, Inc. Document #P00000035920

Dear Katherine Harris:

In reference to the Notice of Administrative Dissolution or Revocation received by Little Giggles, Inc, our office inadvertently originally filed the incorrect business address. The address should have been 55 Pine Forest Drive, Haines City, FL 33884. We submitted the address 55 Pine Forest Drive, Dundee, FL 33838. This mistake on our fought caused Little Giggles, Inc. not to receive their notice in time to file by the dead line date. Please accept our apology for the inconvenience this may have caused.

Please let our office know if there is any further information you need concerning this matter.

Thanking you for your attention and consideration in taking care of this.

Sincerely,

Ronald A. Brown & Associates, P.A.
Certified Public Accountants



Ronald A. Brown
RAB:sa

Phone (863) 299-1500 ♦ Fax (863) 299-7599 ♦ Email Rbrownpa@aol.com

551 Avenue K, SE ♦ P.O. Box 999 ♦ Winter Haven, FL 33882-0999