

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000042566

1. Corporation Name

LITTLE MAN, INC.

800023359018
09/26/03--01027--007 **750.00

2. Principal Office Address

2574 PEPPERWOOD Circle

Suite, Apt. #, etc.

City & State

PAIM BEACH GARDENS, FL

Zip

33410

Country

3. Mailing Office Address

2574 PEPPERWOOD CIR. S

Suite, Apt. #, etc.

City & State

PAIM BEACH GARDENS, FLA.

Zip

33410

Country

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-27-2000

5. FEI Number

65101-0023

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

DAVID C. SELF II

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

324 DATURA STREET

Suite, Apt. #, Etc.

210

City

WEST PALM BEACH

State
FL

Zip Code

33401

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

David C. Self II

REGISTERED AGENT MUST SIGN

Date

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
PRESIDENT	DAVID TRICE SR.	2574 PEPPERWOOD Cir. S.	PAIM BEACH GARDENS, FL. 33410
S	IRMA JEAN LEWIS	1353 PALM BEACH LAKE DR.	WEST PALM BEACH, FL.

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:

David Trice Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 691-1256
SEPTEMBER 17 2003

Date

Daytime Phone #

CR2E081 (10/02)