

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 18 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116899

1. Corporation Name

CROMWELL LITTLEJOHN & ASSOCIATES, INC.

2. Principal Office Address - No P.O. Box #
5241 SW. 18 STREET

3. Mailing Office Address
5241 SW. 18 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PLANTATION, FL

City & State
PLANTATION, FL

Zip
33317

Country
BROWARD

Zip
33317

Country
BROWARD

REINSTATEMENT 03-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **12/18/2000**

5. FEI Number
651064268

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
G. CROMWELL LITTLEJOHN

Street Address (P.O. Box Number is Not Acceptable)
5241 SW. 18 STREET

Suite, Apt. #, Etc.

City
PLANTATION

State Zip Code
FL 33317

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

G. Cromwell Littlejohn

Date **10/17/2007**

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
D	G. CROMWELL LITTLEJOHN	5241 SW. 18 STREET	PLANTATION, FL 33317

700110969747
10/18/07--01045--006 **750.00

700110969747
10/18/07--01045--007 **8.75

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 contained in Chapter 119, 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:

G. Cromwell Littlejohn

G. CROMWELL LITTLEJOHN 10/17/2007

954.205.6166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/07