

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000011988

1. Corporation Name

LITTLE THINGS, INC.

Principal Place of Business

Mailing Address

2601 BERN CREEK LOOP  
SARASOTA FL 34240

5317 FRUITVILLE RD  
152  
SARASOTA FL 34232

REINSTATEMENT 23



100025969514

01/05/04--01017--004 \*\*750.00

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

01/31/2001

5. FEI Number

65-1079698

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HUNTER, CHRISTOPHER M	2601 BERN CREEK LOOP	SARASOTA FL 34240

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETERSON, HAMPTON  
120 S. FEDERAL HWY #4  
FT LAUDERDALE FL 33316

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Christopher M. Hunter*  
REGISTERED AGENT MUST SIGN

Date 12-26-03

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:

*Christopher M. Hunter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-03  
Date Daytime Phone #

CR2E040 (7/03)