

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000068452

1. Entity Name
TARA LITTLE, INC.



FILED

05 APR -8 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3355 S KIRKMAN RD #1327
ORLANDO, FL 32811

Mailing Address
3355 S KIRKMAN RD #1327
ORLANDO, FL 32811

2. Principal Place of Business
4435 Touchton Road E.

Suite, Apt. #, etc.

Apt. 506

City & State

Jacksonville, FL

Zip

32246

Country

USA

3. Mailing Address
4435 Touchton Road E.

Suite, Apt. #, etc.

Apt. 506

City & State

Jacksonville, FL

Zip

32246

Country

USA

03032005

REIN-P

CR2E098 (6/04)

4. FEI Number

04-3691694

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTON, DAVID H CPA
244 S PALMETTO AVE
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name

TARA LITTLE

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

4435 Touchton Road E., Apt 506

City

Jacksonville

FL

Zip Code

32246

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607:193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME LITTLE, TARA
STREET ADDRESS 3355 S KIRKMAN RD #1327
CITY-ST-ZIP ORLANDO, FL 32811 ☐ Delete

TITLE T
NAME BARTON, DAVID H CPA
STREET ADDRESS 244 S PALMETTO AVE
CITY-ST-ZIP DAYTONA BEACH, FL 32114 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST
NAME LITTLE, TARA
STREET ADDRESS 4435 Touchton Road E., Apt. 506
CITY-ST-ZIP Jacksonville, FL 32246 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tara Little

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-05

Date

Daytime Phone #