PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -8 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115622

1. Corporation Name
Little-Go Corp.

3622 N.W. 105 St.

REINSTATEMENT 03-04

500040135585
08/12/04--01033--006 **750.00

2. Principal Office Address	3. Mailing Office Address
3622 N.W. 105 St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Florida	City & State
Zip: 33475 Country: Marion	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10-28-2002

5. FEI Number 13-422-0606 ~~52-09-040960-2-5~~ ☐ 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: Susan M. Adams

Street Address (P.O. Box Number is Not Acceptable): 3622 N.W. 105 St.

500040135585
03/03/04--01039--008 **150.00

Suite, Apt. #, Etc.

City: Ocala | State: FL | Zip Code: 34475

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: Susan Adams Date: 8-10-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres.	Robert P. Nolden	3622 N.W. 105 St.	Ocala, Fl. 34475
V.P.	Susan M. Adams	3622 N.W. 105 St.	Ocala, Fl. 34475
		REINSTATEMENT 03-04	

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: Susan Adams 8-10-04 352-427-6937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #