

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 29 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000012463

1. Corporation Name

Little Pictures, Inc.

2. Principal Office Address - No P.O. Box #

358 Wahoo Road

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32411

Country

US

3. Mailing Office Address

P.O. Box 28498

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32411

Country

US

700135144387
08/29/08--01042--008 ***50.00

REINSTATEMENT 04-08

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/2003

5. FEI Number
59-3439674

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

Brenda Kirk Reagan, CPA

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

348 Eagle Drive

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32407

☒ 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

Brenda Kirk Reagan CPA
REGISTERED AGENT MUST SIGN

Date 8/12/08

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
M	James H Braun	P.O. Box 28498, 358 Wahoo Dr	Panama City Beach, FL 32411

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-27-08