


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 11 MAY 2 AM 11:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000110485					
1. Corporation Name Little Dog Enterprises INC.					
2. Principal Office Address - No P.O. Box # 1513 Mylisa Rd			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Panama City FL.			City & State		
Zip 32409	Country USA	Zip	Country		
REINSTATEMENT 09-11 CR2E081 (11/10)					
4. Date Incorporated or Qualified To Do Business in Florida 10-7-03					
5. FEI Number 20-0323441					<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent					
Name George C. Parish Jr.					
Street Address (P.O. Box Number is Not Acceptable) 1513 Mylisa Rd					
Suite, Apt. #, Etc.					
City Panama City F				State FL	Zip Code 32409
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 George C. Parish Jr. Date 4-27-11 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	
Pres. elect	George C. Parish Jr.	1513 Mylisa Rd		Panama City FL 32409	
V PRES	MARY KAY PARISH	1513 MYLISA RD		PANAMA CITY FL 32409	
SEC	LAURA PARISH	1513 MYLISA RD		PANAMA CITY FL 32409	
10. E-mail Address: Marys.Miner1@gmail.com (To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.					
SIGNATURE George C. Parish Jr. George C. PARISH JR 4-27-11 850-833-2509 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					