

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 16 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P-03000133357**

1. Corporation Name

Little Feet and More Inc.

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address

7216 Red Road

Suite, Apt. #, etc.

3. Mailing Office Address

7216 Red Road

Suite, Apt. #, etc.

City & State

South Miami FL

City & State

South Miami FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/03

5. FEI Number

01-0802459

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

Luisa Mañas

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

1120 Aduana Ave

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

07/16/08--01013--009 **908.75

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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

Luisa Mañas

REGISTERED AGENT MUST SIGN

Date **5/1/08**

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
P	Luisa Mañas	1120 Aduana Ave	Coral Gables, FL 33146

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:

Luisa Mañas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08

Date

305-444-9655

Daytime Phone #