PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN -6 AM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # P04000096308

1. Corporation Name
LITTLE PEOPLE LEARNING CENTER OF TAMPA, INC.
3303 WEST WATERS AVE
TAMPA, FL 33614-2707

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3303 W. WATERS AVE	3303 W. WATERS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33614-2707 Country: USA	Zip: 33614-2707 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/24/2004

5. FEI Number: 06-1727331 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 A [illegible] Certificate of Status

7. Name and Address of Current Registered Agent

Name: EVA PINZON

Street Address (P.O. Box Number is Not Acceptable): 3303 W. WATERS AVE

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33614

☒ 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: Eva Pinzon Date: 6-4-07
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
PSD	EVA PINZON	~~7529 Oakmanor Drive TAMPA FL 33634~~ 7713 Grasmere DR Land O Lakes FL 34637	
			100104255681 05/12/07-01011-003 **450.00

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: Eva Pinzon EVA PINZON 6-4-07 813-933-7933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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