

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 MAY 25 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 25 2017

L BERGER

DOCUMENT # **P15000037767**

1. Corporation Name

Little Cakes & Canvas Inc

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

1500 Apalachee Pkwy

Suite, Apt. #, etc.

2410

City & State

Tallahassee FL

Zip

32301

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Jasmine Leslie

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

2915 Sharer Rd

Suite, Apt. #, Etc.

411

City

Tallahassee

State

FL

Zip Code

32301

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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

Jasmine Leslie

REGISTERED AGENT MUST SIGN

Date **5/25/2017**

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
President Director	Jasmine Leslie	1500 Apalachee Pkwy Suite 2410	Tallahassee FL 32301

10. E-mail Address: **tallyswortz@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:

Jasmine Leslie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/2017 773 9814212

Date

Daytime Phone #