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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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]	PORATION STATEMENT		S	Secretary	MENT OF S of State PRPORATIONS	TATE	0.	4 FEB	FILED 17 PM 12: TY OF STATE EE, FLORIDA	- 4	, 1
1. Corporat	JMENT # F		023604	erpost,	nat B	K	TALL	CRETAL Allass	PM 12: EE, FLORIDA	? ₈	
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2. Principal Office Address 3.			3. Mailing 0 5312 S	pring H		:	3 (01/18	0 00 204	27118: 01065014	333 **8.	; . 75
Suite, Apt. #			Suite, Apt. #,	etc 1)	1 1 (-		4. Date Incorp	orated or (Qualified 0.000		$\neg \neg$
	Hill-FL - ***		City & State		7/~		5. FEI Numbe 65-04			_ 	pplied For ot Applicable
^{Zip} 34606	USA	-	Zip		Country		6. CERTIFICATE	OF STATU			al Fee required ate of Status
			7. N	lame and Ad	dress of Curren	t Register	ed Agent				T
		e S. Ryde	r is Not Accentable)	5312 S	prina Hill C)rive					1
المارات المارات	Street Address (P.O. Box Number is Not Acceptable) 5312 Spring Hill Drive Suite, Apt. #, Etc.										
	city Spring I	Hill						State FL	Zip Code 34606		<u> </u>
8. I, being Signature or Registered		red agent of the	B above named corporate Acceptance Acceptanc	, 	. <u> </u>	cept the ot	oligations of section		5 or 617.0503, F.S.) Y	
9. Names	and Street Addresses	s of Each Office	er and/or Director (Flo	orida nonprof	it corporations mu	st list at le	ast 3 directors)		<u> </u>		
Titles	nes and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must l Name of Street Address Officers and/or Directors Officer and/or										
D	Jaron	ve ?	Rydell	5312	Spring	HU	Dr.	92	ring Hill	FL	34606
		ು ಹೆಸ್ಟ್ ಜ್ಞಾಳನ್				200				w <u>.</u>	
		PA	MSTA	TEM	ENT	200	3-20	99			}
<u>.</u>						BK) —				
this rei owed t on this	y that I am an officer o instatement application by the corporation hav application is true and	n, the reason fo e been paid an	or dissolution has been d the names of individ	n eliminated, duals listed o ave the same	the corporate nan n this form do not	ne satisfies qualify for a made unde	the requirements an exemption und	of section	607.0401 or 617.04(119.07(3)(i), F.S. The	01, F.S., the information	at all fees
SIGNA		RE AND TYPED	OR PRINTED NAME OF	SIGNING OFF	ICER OR DIRECTO	<u> 7 EU</u>		Date		ime Phone #	<u></u>

PG 000 23604 SIGMA RENAISSANCE 5312 SPRING HILL DRIVE SPRING HILL, FL 34606

Florida Department of State Division of Corporation PO Box 6237 Tallahassee, FL 32314

RE: P94000023604

Little Bear Acquisition, Inc

To Whom It May Concern:

Please be advised that an annual report was never received for the year 2003 on the above corporation.

I have recently sent a check in the amount of \$758.75 it is my understanding that since we did not receive the 2003 annual report. The corporation fee of \$600.00 will be waved.

I am requesting that the corporation be reinstated and a certificate be issued for this corporation.

With this taking place the total amount for reinstatement will be \$308.75.

I am also requesting a refund of \$591.25. The original amount for reinstatement was \$900.00.

Please find enclosed the application for corporation reinstatement form and letter dtd Jan 20, 2004 from Justin M. Shivers Document Specialist.

t 50.00 ment

If you should have any questions, please contact me directly at (352) 688-8815

Sincerely,

Jeromé S. Rydell