

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 DEC 22 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000043793

1. Corporation Name

Little Owl Corp.

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

6834 High Ridge Rd
Suite, Apt. #, etc.

3. Mailing Office Address

6834 High Ridge Rd
Suite, Apt. #, etc.

City & State

Lantana FL

City & State

Lantana FL

Zip

33462

Country

US

Zip

33462

Country

US

7. Name and Address of Current Registered Agent

Name

Terri L. Griffin

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

6834 High Ridge Road

Suite, Apt. #, Etc.

City

Lantana

State

FL

Zip Code

33462

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

[Signature] as agent for Terri L. Griffin
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
P	Terri L. Griffin	6834 High Ridge Rd Lantana FL 33462	

\$12/22

10. E-mail Address: TLG551@hotmail.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.617.455, F.S.

SIGNATURE:

[Signature] as agent for Terri L. Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 97-11

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

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12/22/11--01003--004 **2885.00