

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 2: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020791

1. Corporation Name

LITTLE WOODS FARM, INC.

Principal Place of Business

Mailing Address

5142 N. APOPKA VINELAND RD.
ORLANDO FL 32818

5142 N. APOPKA VINELAND RD.
ORLANDO FL 32818



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *or*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/04/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3364049

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SHIRER, JOSEPH A JR.	10000 W. COLONIAL DRIVE, SUITE 1	OCOE FL 34761

~~800008639958~~
10/29/02--01010--006 **236.25

Shirer

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHIRER, JOSEPH A JR.
10000 WEST COLONIAL DRIVE
SUITE 841
OCOE FL 34761

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-22-02

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., 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 under section 119.07(3)(i), 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:

Signature
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-22-02

Daytime Phone #

CR2E040 (8/02)