

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 8:36

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~~



REINSTATEMENT 03

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

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.

5102 N. Apopka Vineland Rd

City & State

City & State

Orlando FL 32818

Zip

Country

Zip

Country

32818

Orange

5. FEI Number

59-3364049

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SHIRER, JOSEPH A JR.	10000 W. COLONIAL DRIVE, SUITE 481	OCOE FL 34761

900024984359  
11/24/03--01099--031 \*\*758.75

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 481  
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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11.19.03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.19.03

Date

407 521-3558

Daytime Phone #

CR20040 (7/03)