

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAY 24 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047802

1. Corporation Name

Little People's Village, Inc

REINSTATEMENT 2001-2002

2. Principal Office Address

3. Mailing Office Address

3127 W. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 115

City & State

City & State

Pembroke Park, Florida

Zip

Country

Zip

Country

33009

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/05/1996

5. FEI Number

65-0668668

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

Marc Birnbaum

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

1031 Ives Dairy Road

Suite, Apt. #, Etc.

Suite 228

City

Miami

State

FL

Zip Code

33179

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****900.00 ****00.00

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

REGISTERED AGENT MUST SIGN

Date 5/24/02

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
P7S, T	Howard Chusid	3127 W. Hall Bch Blvd Suite 115	Pembroke Park, Fl 33009

R900 TEMP
TD

10. 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: Howard Chusid, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/02/2002

Date

954-964-6860

Daytime Phone #

CR2E001 (9/01)