

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN 23 AM 10:45

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037232

1. Corporation Name

LITTLE MAN'S PLACE, INC.

Principal Place of Business

151 SE MIZNER BLVD.
SUITE 16A
BOCA RATON FL 33432

Mailing Address

151 SE MIZNER BLVD.
SUITE 16A
BOCA RATON FL 33432

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1997

5. FEI Number

65-0747078

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03



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
D	HENRY, BENJAMIN	151 SE MIZNER BLVD. SUITE 16A	BOCA RATON FL 33432
D	HENRY, REBECCA	151 SE MIZNER BLVD. SUITE 16A	BOCA RATON FL 33432
			100010588731
			01/23/03 01024 004
			\$ 900.00

8. Name and Address of Current Registered Agent - - -

HENRY, BENJAMIN
151 SE MIZNER BLVD.
SUITE 16A
BOCA RATON FL 33432

9. Name and Address of New Registered Agent - - -

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

1-15-03

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)(f), 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

Date

1-15-03

Daytime Phone #

561-391-8591

CR2E040 (8/02)