2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000040317

Title:

Name:

Address:

City-St-Zip:

() Delete

LITTLE, JACCI

1427 CEDAR GLEN DR.

APOPKA, FL 32712

Entity Name: LITTLE'S CLASSIC AMERICAN PORTRAITS, INC.

FILED Oct 10, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|---|--|---|---|--|
| | ESOTA AVE. ARK, FL 32789 |) US | 1030 ORANGE AVE. WINTER PARK, FL 32 | 789 US | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | ESOTA AVE. ARK, FL 32789 | US | 1486 SEMINOLA BLVD CASSELBERRY, FL 3: | | |
| FEI Number: | 59-3443632 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| | CK DR. ERRY, FL 32707 named entity su | | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: DAVID LITT | TLE Signature of Registered Ac | | Date | |
| Election Cam | e with s. 607.193(2 | 2)(b), F.S., the corporation did r Trust Fund Contribution (). | not receive the prior notice. | S TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PCEO () D LITTLE, DAVID H 945 NIBLICK DR. CASSELBERRY, | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | VP () D LITTLE, CONNIE 945 NIBLICK DR. | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JACCI LITTLE CFO 10/10/2005

(X) Change () Addition

LITTLE, JACCI

TAMPA, FL 33617

211 S. GREENFIELD AVE.