

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 AM 9:43

DOCUMENT # P98000072575

1. Corporation Name

Little People of the Body, Inc.

000003436490--1

-10/24/00--01041--021

****758.75 ****758.75

2. Principal Office Address

409 Rockledge Dr.
Rockledge, FL 32955

Suite, Apt. #, etc.

3. Mailing Office Address

409 Rockledge Dr.
Rockledge, FL 32955

Suite, Apt. #, etc.

REINSTATEMENT 00

City & State

Rockledge, FL

City & State

Rockledge, FL

Zip

32955

Country

USA

Zip

32955

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/14/98

5. FEI Number

59-3543490

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

Scott Mason Baughan

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

1290 Federal Highway

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

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

Date

10/12/00

REGISTERED AGENT MUST SIGN

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
D.	Betsy Baughan	102 Riverside Dr., #601	Cocoa, FL 32922

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:

Betsy Baughan BETSY BAUGHAN, DIRECTOR

10-12-00

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)