

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 4 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **\$36137**

1. Corporation Name
LITTLE PEOPLE, PA

2. Principal Office Address
1190 NW 95TH STREET

3. Mailing Office Address
1190 NW 95TH STREET

Suite, Apt. #, etc.
SUITE 204

Suite, Apt. #, etc.
SUITE 204

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33150 USA

Zip Country
33150 USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/07/91

5. FEI Number Applied For
65-0341369 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
BOHDAN EUGENE BODLAK, MD

Street Address (P.O. Box Number is Not Acceptable)
16504 LOCHNESS COURT

Suite, Apt. #, Etc.

City
MIAMI LAKES

State Zip Code
FL 33014

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05/17/05--01058--016 **135 1.00

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 4-30-05

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
PD	BOHDAN EUGENE BODLAK MD	16504 LOCHNESS COURT	MIAMI LAKES, FL 33014

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-05

Date

305-836-4410
Daytime Phone #

CR2EB1 (01/05)