

5/4/2017

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
LITTLE LEASING INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,650.00

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T HENDERSON
MAY 05 2017


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17 MAY -5 AM 9:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR28081 (11/10)	
DOCUMENT # F97000003011 1. Corporation Name LITTLE LEASING INCORPORATED					
2. Principal Office Address - No P.O. Box # 3612 Mansfield Drive		3. Mailing Office Address 3612 Mansfield Drive		4. Date incorporated or Qualified To Do Business in Florida 06/10/1997	
State, Apt. #, etc. City & State Brownsburg, IN		State, Apt. #, etc. City & State Brownsburg, IN		5. FEI Number 35-1720163	
Zip 46112	Country USA	Zip 46112	Country USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 - Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD State, Apt. #, Etc. City PLANTATION					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. Signature of Registered Agent: <i>Danny Verdechia</i> Danny Verdechia Assistant Secretary REGISTERED AGENT MUST SIGN				Date 05/04/2017	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	TIMOTHY WILLOUGHBY	3612 Mansfield Drive		Brownsburg, IN 46112	
S/T	PAMELA WILLOUGHBY	3612 Mansfield Drive		Brownsburg, IN 46112	
10. E-mail Address: <i>twilloughb@yahoo.com</i> (To be used for future annual report notification)					
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 817, 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 817.0401, F.S.; and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
SIGNATURE: <i>Timothy Willoughby</i> TIMOTHY WILLOUGHBY		Date 5/5/2017		City/State/Phone 317 697 1041	

T HENDERSON
 MAY 05 2017