

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-4-02
400.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:56

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L01000010659**

1. Limited Liability Company's Name

Nanny's Place, LLC

CR2E041 (8/05)

2. Principal Office Address

407 S. HABANA Ave

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33609

Country

US

3. Mailing Office Address

407 S. HABANA Ave

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33609

Country

US

4. State/Country of Formation

FLA

5. Date Organized or Qualified
To Do Business in Florida

6-27-01

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Lori L Singleton

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

407 S. HABANA Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Lori L Singleton

REGISTERED AGENT MUST SIGN

Date **1-10-07**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Betsey H. Bogdahn	1332 Evelyn Dr.	Winter Haven FL
MGR	Lori L Singleton	407 S. HABANA Ave	Tampa FL 33609
MGR	KATHRYN E WHITE	33 Nettles Branch Dr	Allenhurst GA 31301

REINSTATEMENT 02-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Lori L Singleton

Date **1-10-07**

Daytime Phone# **813-875-1350**

Typed or printed name of signing Managing Member/Manager

LORI L Singleton