

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -7 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900174801059
04/07/10--01002--022 **421.25

CR2E041 (11/09)

DOCUMENT # L04000015845

1. Limited Liability Company's Name

Santa's Little Helpers, LLC

2. Principal Office Address - No P.O. Box #

1970 Maryellen Drive

Suite, Apt #, etc

3. Mailing Office Address

Suite, Apt #, etc

City & State

Tallahassee FL

City & State

Zip

Country

32303

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

215024908

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

Jeffrey Logan

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

1970 Maryellen Drive

Suite, Apt #, Etc

City

Tallahassee

State

FL

Zip Code

32303

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4-6-10

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
MEMBER Owner	Jeff Logan	1970 Maryellen Drive	Tallahassee FL 32303

REINSTATEMENT 08/10
AL

11. E-mail Address JLogan4078@Comcast.net

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, 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

Date 4-6-10

Daytime Phone #

850-297-2468

Typed or printed name of signing Managing Member/Manager

Jeff Logan