

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # L04-53539

1. Limited Liability Company's Name

Natalie's Smoothies, LLC

2007 SEP -6 A 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900109294889
09/11/07--01018--008 **250.00

CR2E041 (1/07)

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

6331 4th St. N

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33702

Country

USA

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

73-1713654

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

Natalie Brazzell

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

793 42nd Ave. N

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33703

☒ 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 608, F.S.

Signature of
Registered Agent

Natalie Brazzell

REGISTERED AGENT MUST SIGN

Date

8/20/07

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
MGRM	Natalie Brazzell	793 42nd Ave. N	St. Petersburg, FL 33703
MGR	Rodney Brazzell	6301 18th St. NE	St. Petersburg, FL 33702

REINSTATEMENT 05-07

AL

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

Natalie Brazzell

Date

8/20/07

Daytime Phone#

(727) 525-7000

Typed or printed name of signing Managing Member/Manager

Natalie Brazzell