

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
150.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

2007 MAR 19 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000089331

1. Limited Liability Company's Name

Kimberly's DAY SPA + more, LLC

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

2011 crown ct.

Suite, Apt. #, etc.

3. Mailing Office Address

5166 8 South Fl. ave.

Suite, Apt. #, etc.

City & State

LAKeland FL

City & State

LAKeland

Zip

33813

Country

PolK

Zip

33813

Country

PolK

4. State/Country of Formation

Fla. PolK

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

93-2088795

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

Kelly & Kimberly Phillips

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

2011 crown ct.

Suite, Apt. #, Etc.

LAKeland

City

↑

State

FL

Zip Code

33813

☒ 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**

Kimberly Phillips

REGISTERED AGENT MUST SIGN

Date

2/26/07

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
owner	Kelly Phillips	2011 crown ct.	LAKeland FL 33813
owner	Kimberly Phillips	same	same

**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**

Kimberly Phillips

Date

2/26/07

Daytime Phone #

863-581-6682

Typed or printed name of signing Managing Member/Manager

Kimberly Phillips

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