


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 DEC 16 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000053884

1. Corporation Name
All Things Naughty and Nice LLC

2. Principal Office Address - No P.O. Box #
12607 Bassbrook LN.
Suite, Apt. #, etc.

3. Mailing Office Address
12607 Bassbrook LN.
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip Country
33626 United States

Zip Country
33626 United States

4. Date Incorporated or Qualified To Do Business in Florida
May 25, 2006

5. FEI Number
01-0866993

Applied For
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (10/08)

7. Name and Address of Current Registered Agent

Name
Lisa Ramsey

Street Address (P.O. Box Number is Not Acceptable)
12607 Bassbrook Lane

Suite, Apt. #, Etc.

City State Zip Code
Tampa FL 33626

The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 12/9/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	Lisa Ramsey	12607 Bassbrook Lane	Tampa, FL 33626

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10. 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 617, 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 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: [Signature] Lisa Ramsey Date 12/9/08 (727)644-9370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #