

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 DEC 16 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

33626

Country

United States

Zip

33626

Country

United States

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

May 25, 2006

5. FEI Number

01-0866993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Tampa

State

FL

Zip Code

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

*Lisa Ramsey*

REGISTERED AGENT MUST SIGN

Date 12/9/08

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
MEM	Lisa Ramsey	12607 Bassbrook Lane	Tampa, FL 33626

500139070145  
12/16/08--01031--005 \*\*277.50

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:

*Lisa Ramsey* Lisa Ramsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/08 (727)644-9370

Date

Daytime Phone #