

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 FEB 17 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02102009 REIN-LLC CR2E101 (1/07)

DOCUMENT # L07000079539

1. Entity Name
SPICY GIRL NOVELTIES LLC



Principal Place of Business
**5418 WEST CRENSHAW ST
TAMPA, FL 33634**

Mailing Address
**5418 WEST CRENSHAW ST
TAMPA, FL 33634**

2. Principal Place of Business - No P.O. Box #
10600 47th ST N

3. Mailing Address
PO Box 2464

Suite, Apt. #, etc.

City & State
Clearwater FL

City & State
Pinellas Park FL

Zip
33762

Country

Zip
33780

Country

4. FEI Number

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIDI, JOHN
5418 WEST CRENSHAW ST
TAMPA, FL 33634**

7. Name and Address of New Registered Agent

Name **FIDI JOHN**

Street Address (P.O. Box Number is Not Acceptable)
10600 47th ST N

City **CLEARWATER** FL Zip Code **33762**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **2.10.9**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FIDI, JOHN 5418 WEST CRENSHAW ST TAMPA, FL 33634 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FIDI John PO Box 2464 Pinellas Park, FL 33780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FIDI, KIMBERLY A 5418 WEST CRENSHAW ST TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800143808878 02/17/09--01038--021 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 08-09 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>[Signature]</i> 2-18-09 <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE **2.10.9** DAYTIME PHONE # **813-394.0544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE