

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAY 15 PM 12:30

DOCUMENT # L08000078828

1. Limited Liability Company's Name
Beautiful Blessing Early Learning Center LLC
1609 10th Street
Sarasota, FL 34234

500234997365
05/11/12--01031--005 **510.25
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <u>1609 10th Street</u>		3. Mailing Office Address <u>1609 10th Street</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Sarasota, FL</u>		City & State <u>Sarasota, FL</u>	
Zip <u>34234</u>	Country <u>U.S.</u>	Zip <u>34234</u>	Country <u>U.S.</u>

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>8/7/2008</u>	
6. FEI Number <u>42-1749321</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Michelle Lewis

Street Address (P.O. Box Number is Not Acceptable)
5912 48th St E

Suite, Apt. #, Etc.

City
Bradenton

State
FL

Zip Code
34203

E-mail Address:
beautifulblessingselc@gmail.com
(To be used for future annual report notices)

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 [Signature] Date 5/4/12
REGISTERED AGENT MUST SIGN

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
mGR	Michelle Lewis	5912 48th St E	Bradenton, FL 34203
mGR	Alice Lewis	2137 Summerwind Drive	Sarasota, FL 34236

REINSTATEMENT 2010, 2012

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager [Signature] Date 5/4/12 Daytime Phone # 941-952-1871

Typed or printed name of signing Managing Member/Manager _____

MAY 16 2012
T. HAMPTON