

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name

# Simply Cupcakes of Naples, LLC

FILED

12 SEP -6 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300239308753  
09/06/12--01013--021 \*\*516.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
2757 Tamiami Trail East

Suite, Apt. #, etc.

City & State  
Naples, FL

Zip	Country
34112	USA

3. Mailing Office Address  
2490 Outrigger Ln

Suite, Apt. #, etc.

City & State  
Naples, FL

Zip	Country
34104	USA

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida 10/09/2008

6. FEI Number  
**26-3670620**

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 **Kenneth Glasgow**

Street Address (P.O. Box Number is Not Acceptable)  
2490 Outrigger Ln.

Suite, Apt. #, Etc.

City  
**Naples**

State	Zip Code
<b>FL</b>	<b>34104</b>

**E-mail Address:**

# REINSTATEMENT

cupcakes@cclg.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 See below

Date \_\_\_\_\_

**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
<b>MGRM</b>	<b>Kenneth Glasgow</b>	<b>2490 Outrigger Ln</b>	<b>Naples, FL 34104</b>
			B. BOSTICK
			SEP - 7 2012
			EXAMINER

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. 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**

Date 8/20/2012 Daytime Phone # 239-262-5184

Typed or printed name of signing Managing Member/Manager