

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAR 18 AM 8:37

DOCUMENT # L08000097368

1. Limited Liability Company's Name

ACL ABOUT BABIES OF SOUTHWEST Florida LLC

2. Principal Office Address - No P.O. Box #

2502 52nd Ave DR W

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

same Florida

Zip

34207

Country

USA

Zip

same

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

10-14-2008

6. FEI Number

26-3546950

☐ Applied For

☐ Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

CR2E041 (12/13)

13-14

8. Name and Address of Current Registered Agent

Name

Vicki Hackelberg

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

2502 52nd Ave Drive West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34207

E-mail Address:

900256436869
01/07/14--01010--020 **238.75

Vicki Hackelberg@yahoo.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 605, F.S.

Signature of

Registered Agent

Vicki Hackelberg

Date 1-21-14

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
<u>MGR</u>	<u>NA</u>		
<u>CEO</u>	<u>Vicki Hackelberg</u>	<u>2502 52nd Ave DR W</u>	<u>Bradenton, FL 34207</u>

900256436869
03/18/14--01021--014 **138.75

1/18/14

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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

Authorized Person

Vicki Hackelberg

Date

1-21-14

Daytime Phone #

941-224-4400

Typed or printed name of signing Authorized Person

Vicki Hackelberg