

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED

2016 OCT 14 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 15000038247

1. Limited Liability Company's Name

KEEP IT IN THE HEART, LLC

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

3973 NE 171 ST.

Suite, Apt. #, etc.

City & State

N MIAMI BEACH FL

Zip

33160

Country

US

3. Mailing Office Address

3973 NE 171 ST

Suite, Apt. #, etc.

City & State

N MIAMI BEACH FL.

Zip

33160

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

03-01-2015

6. FEI Number

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

JOYCE HADDAD

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

3973 NW 171 ST.

Apt. #, Etc.

City

N MIAMI BEACH

State

FL

Zip Code

33160

600291258816  
10/14/16-01028-018 \*\*236.75

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

REGISTERED AGENT MUST SIGN

Date 10/10/2016

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JOYCE HADDAD	3973 NE 171 ST.	N MIAMI BEACH FL. 33160

11. E-mail Address:

Joyce @KeepitinthetheHeart.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member

Joyce Haddad

Date 10-10-16

Daytime Phone #

7863952333

Typed or printed name of signing authorized representative/member