

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 06, 2006
Secretary of State**

DOCUMENT# N04000007803

Entity Name: BABY BASICS OF COLLIER COUNTY, INC.

Current Principal Place of Business:

4099 TAMIAMI TRAIL NORTH SUITE 200
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4099 TAMIAMI TRAIL NORTH SUITE 200
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-1498596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLASP INC
3001 TAMIAMI TRAIL NORTH 4TH FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: AMY COOPER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYNCH, JEAN A
Address: 8570 DANBURY BLVD #202
City-St-Zip: NAPLES, FL 34120

Title: D (X) Delete
Name: WATSON, MARTI
Address: 552 BAY VILLAS LANE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: COOPER, AMY
Address: 4099 TAMIAMI TRAIL NORTH SUITE 200
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: LANCASTER, ROBERT L
Address: 3001 TAMIAMI TRAIL N SUITE 400
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: REYNEN, SUE
Address: 400 SPRING LINE DR
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: FLIEDER, SELMA
Address: 8570 DANBURY BLVD #103
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY C COOPER

D

10/06/2006

Electronic Signature of Signing Officer or Director

Date