2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007803

City-St-Zip:

NAPLES, FL 34120

Entity Name: BABY BASICS OF COLLIER COUNTY, INC.

FILED Dec 06, 2007 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
4099 TAMIAMI TRAIL NORTH SUITE 200 NAPLES, FL 34103		#103	8570 DANBURY BLVD #103 NAPLES, FL 34120	
Current Mailing Address:		New Mailing Address:		
-			_	
4099 TAMIAMI TRAIL NORTH SUITE 200 NAPLES, FL 34103		#103	8570 DANBURY BLVD #103 NAPLES, FL 34120	
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receive	-	e.	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
NAPLES, I	IAMI TRAIL NORTH 4TH FLOOR	e of changing	its registered office or registered agent, or both	
SIGNATU	RE: ROBERT L LANCASTER			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	D () Delete LYNCH, JEAN A 8570 DANBURY BLVD #202 NAPLES, FL 34120	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	D (X) Change () Addition	
Name:	COOPER, AMY	Name:	LANCASTER, ROBERT L	
Address: City-St-Zip:	4099 TAMIAMI TRAIL NORTH SUITE 200 NAPLES, FL 34103	Address: City-St-Zip:	3001 TAMIAMI TRAIL NORTH #400 NAPLES, FL 34103	
Title: Name: Address: City-St-Zip:	D () Delete LANCASTER, ROBERT L 3001 TAMIAMI TRAIL N SUITE 400 NAPLES, FL 34103	Title: Name: Address: City-St-Zip:	D (X) Change () Addition REYNEN, SUE 400 SPRING LINE DR NAPLES, FL 34102	
Title:	D () Delete	Title:	D (X) Change () Addition	
Name: Address:	REYNEN, SUE 400 SPRING LINE DR	Name: Address:	FLIEDER, SELMA 8570 DANBURY BLVD #103	
City-St-Zip:	NAPLES, FL 34102	City-St-Zip:	NAPLES, FL 34120	
Title:	D (X) Delete	Title:	() Change () Addition	
Name:	FLIEDER, SELMA	Name:		
Address:	8570 DANBURY BLVD #103	Address:		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: SELMA FLEIDER D 12/06/2007