

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL -1 AM 8:43

KS

DOCUMENT # P07000093020

1. Corporation Name

Lullabies and Mudpies, Inc.

900172223909
07/06/10--01003--002 **150.00

900172223909
03/15/10--01062--011 **300.00

REINSTATEMENT (09) 08-10

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

7070 Milton Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

7070 Milton Ct.

Suite, Apt. #, etc.

City & State

Milton

City & State

Milton

Zip

32583

Country

USA

Zip

32583

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2007

5. FEI Number

61-1558184

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carla S. Cross

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

7070 Milton Ct.

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32583

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Carla S. Cross

Date 03/10/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Holli Chastain	767 Allison Drive	Chipley, FL 32428
VP	Carla S. Cross	7070 Milton Ct.	Milton, FL 32583

10. E-mail Address: carla@lullabiesandmudpies.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Carla S. Cross

Carla S. Cross

03/10/2010 8502723178

Date

Daytime Phone #

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR