

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAY 29 PM 12:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO5000165439

1. Corporation Name

80s Baby Inc.

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

830 Alabama Ave.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33312

Country

USA.

3. Mailing Office Address

1001 Blvd East

Suite, Apt. #, etc.

Apt 2L

City & State

West New York, NJ

Zip

07093

Country

U.S.A.

REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

12/20/2005

5. FEI Number

20-5633850

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

Aubrey Flynn

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

~~1001 Blvd East~~ 830 Alabama Ave.

Suite, Apt. #, Etc.

2L

City

~~West New York~~ Ft. Lauderdale FL 33312

State

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date May 27, 2008

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
CEO	Aubrey L. Flynn	1001 Blvd East	West New York/NJ/07093

308130448363
05/29/08--01033--004 **450.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 27 2008 (917 803)
Date Daytime Phone # 0462