

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 25 PH 3:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000000673

1. Limited Liability Company's Name

WYNOCREST Baby Universe Holdings, LLC

2. Principal Office Address

11450 SE Dixie Highway

Suite, Apt. #, etc.

STE 204

City & State

Hobe Sound FL

Zip

33455

Country

USA

3. Mailing Office Address

11450 SE Dixie Highway

Suite, Apt. #, etc.

STE 204

City & State

Hobe Sound, FL

Zip

33455

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

1/14/00

6. FEI Number

650967233

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

JONATHAN TEAFORD

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

11450 SE Dixie Highway ~~STE 204~~

Suite, Apt. #, Etc.

STE 204

City

Hobe Sound

State

FL

Zip Code

33455

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

4/15/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MSR	Tentax Ventures, Inc.	11450 SE Dixie Highway STE 204	Hobe Sound, FL 33455
			900054241569 05/11/05-01009-001 ***300.00

2002-2005
REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

Date

4/15/05

Daytime Phone #

7225459025

Typed or printed name of signing Managing Member/Manager

John C. Tentax, President of the Manager

CR2E041 (10/02)