

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 APR 19 PM 4:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022834

1. Limited Liability Company's Name

Wyndcrest BabyUniverse Holdings II, 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

12/31/01

6. FEI Number

01-0649421

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 TEFORD

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

11450 SE Dixie Highway

Suite, Apt. #, Etc.

STE 204

City

Hobe Sound

State

FL

Zip Code

33455

000054285520

05/11/05--01049--001 **2005.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 4/15/05

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
MEM	Textor Ventures, Inc.	11450 SE Dixie Highway STE 204	Hobe Sound, FL 33455

REINSTATEMENT 2002-05

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

[Signature]

Date 4/15/05 Daytime Phone# (772) 545-9025

Typed or printed name of signing Managing Member/Manager

John C. Textor, President of the Manager

CR2E041 (10/02)