2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000023625

1. Entity Name
SPORTY BABY LLC

Principal Place of Business	Mailing Address
~~550 BILTMORE WAY #209~~ ~~CORAL GABLES, FL 33134~~ 1752 East Trafalgar Circle Hollywood FL 33020	~~550 BILTMORE WAY #209~~ ~~CORAL GABLES, FL 33134~~

2. Principal Place of Business
1752 E. Trafalgar Circle
Suite, Apt. #, etc.

3. Mailing Address
1752 East Trafalgar Circle
Suite, Apt. #, etc.

City & State: Hollywood FL
Zip: 33020   Country: USA

City & State: Hollywood FL
Zip: 33020   Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ASSAYAG, RAMI
~~2657 NE 164TH ST.~~ 1752 E. Trafalgar Circle
~~N. MIAMI BEACH, FL 33160~~ Hollywood FL 33020

7. Name and Address of New Registered Agent

Name: Rami Assayag
Street Address (P.O. Box Number is Not Acceptable): 1752 East Trafalgar Circle

City: Hollywood   FL   Zip Code: 33020

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ r/c _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 1/19/2005

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE: Managing Member ☐ Delete NAME: Shelly Sitton Assayag STREET ADDRESS: 1752 E. Trafalgar Circle CITY-ST-ZIP: Hollywood FL 33020	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: 800046085608 02/07/05--01030--025 **205.00 CITY-ST-ZIP:
TITLE: Managing Member ☐ Delete NAME: Tiffany Markofsky STREET ADDRESS: 1752 E. Trafalgar Circle CITY-ST-ZIP: Hollywood FL 33020	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ r/c _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 1/19/05   Daytime Phone # 7862864287