2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2009
Secretary of State

DOCUMENT# L07000025815

Entity Name: STORYBOOK DREAMS EMPORIUM LLC

Current Principal Place of Business:

4687 NW 112TH COURT
DORAL, FL 33178

New Principal Place of Business:

6010 NW 99TH AVENUE
#116
DORAL, FL 33178

Current Mailing Address:

4687 NW 112TH COURT
DORAL, FL 33178

New Mailing Address:

6010 NW 99TH AVENUE
#116
DORAL, FL 33178

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRUZ, HECTOR MR.
4687 NW 112TH COURT
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: HECTOR CRUZ

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CRUZ, HECTOR MR.
Address: 4687 NW 112TH COURT
City-St-Zip: DORAL, FL 33178

Title: MGR (X) Delete
Name: MALARET, EILEEN MRS.
Address: 4687 NW 112TH COURT
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MALARET, EILEEN MRS.
Address: 6010 NW 99TH AVENUE #116
City-St-Zip: DORAL, FL 33178

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EILEEN MALARET MGR 09/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date