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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
BABY MILK LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

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J. BRYAN
MAY 20 2010
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 19 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # L08000047570

1. Limited Liability Company's Name

Baby Milk LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
One Biscayne Tower, 30th Floor		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2 South Biscayne Blvd.			
City & State		City & State	
Miami FL			
Zip	Country	Zip	Country
33131	USA		

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 5/12/2008

6. FEI Number: [X] 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc: Suite 250

City: Plantation | State: FL | Zip Code: 33324

☐ A $100 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 $100 reinstatement be waived.

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

Signature of Registered Agent: Connie Bryan Assistant Secretary
REGISTERED AGENT AND SIGN

Date: 5/19/2010

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
MGRM	Valerie Sanfilippo	Via Conte Di Torino 19	Riesi Italy 93016
MGMR	Tarek Tabbara	Medhat Bacha St-Zarif District	
		Tabbara Bldg 1st Floor	Beirut, Lebanon

REINSTATEMENT 2009-10

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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; I am aware that any false information submitted in a document to the Department of State for the purpose of forming a limited liability company may subject me to penalties of perjury in the second degree as provided in s. 817.155, F.S.

Signature of Managing Member/Manager: Valerie Sanfilippo Date: 5/19/2010 Daytime Phone #: 305-397-0806

Typed or printed name of signer: Valerie Sanfilippo, MGRM

FL110 - 11/11/2009 C T System Online