

L9900000661

PLEASE READ INSTRUCTIONS ON BACK OF FORM BEFORE FILING THIS FORM.

FILED

03 MAR 26 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99 000000661

1. Limited Liability Company's Name

Newborn Holdings, L.C.

2. Principal Office Address

3555 Flamingo Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

U.S.A.

3. Mailing Office Address

3555 Flamingo Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

Jan. 29, 1999

6. FEI Number

650910214

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

Frederic Rado

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

3555 Flamingo Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

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

Frederic Rado

Date

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
MGR	Frederic Rado	3555 FLAMINGO DRIVE	MIAMI BEACH, FL 33140
			700014243437 03/17/03--01075--019 **150.00
			REINSTATEMENT 02-03 700014243437 03/17/03--01075--020 **5.00
			700014243437 03/26/03--01064--013 **145.00

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

Frederic Rado

Date

Daytime Phone #

305 989-4452

Typed or printed name of signing Managing Member/Manager

Frederic Rado

CR2041 (10/02)