

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 16 PM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98-1266

1. Limited Liability Company's Name

DIAPERS ETC. FACTORY OUTLET STORES, LLC.

REINSTATEMENT 2000-01

2. Principal Office Address

901 EAST 10th AVENUE

Suite, Apt. #, etc.

UNIT # 12-B

City & State

HALEAH, FLORIDA

Zip

33010

Country

U.S.A.

3. Mailing Office Address

901 EAST 10th AVENUE

Suite, Apt. #, etc.

UNIT # 12-B

City & State

HALEAH, FLORIDA

Zip

33010

Country

U.S.A.

4. State/Country of Formation

DELEWARE, U.S.A.

**5. Date Organized or Qualified
To Do Business in Florida**

11/1/98

6. FEI Number

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

DIAPERS ETC. FACTORY OUTLET STORES, LLC

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

901 EAST 10th AVENUE

Suite, Apt. #, Etc.

UNIT # 12-B

City

HALEAH

State

FL

Zip

33010

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

REGISTERED AGENT MUST SIGN

Date 12/23/00

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
PRESIDENT	SEAN F. KELLY	401 69 th STREET APT. 12	MIAMI BEACH, FL, 33141

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

Date 12/23/00 Daytime Phone # (786) 269 8482

Typed or printed name of signing Managing Member/Manager

SEAN F. KELLY