

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LLC
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001266

1. Corporation Name

DIAPERS ETC. FACTORY OUTLET STORES LLC

2. Principal Office Address

901 EAST 10TH AVENUE

Suite, Apt. #, etc.

UNIT 12 B

City & State

HIALEAH, FL

Zip

33010

Country

USA

3. Mailing Office Address

901 EAST 10TH AVENUE

Suite, Apt. #, etc.

UNIT 12 B

City & State

HIALEAH, FL

Zip

33010

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/98

5. FEI Number

65-0890042

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sean Kelly

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

901 EAST 10TH AVENUE

Suite, Apt. #, Etc.

UNIT 12 B

City

HIALEAH

State

FL

Zip Code

33010

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/25/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	SEAN KELLY	901 E 10 AVENUE #12B	HIALEAH, FL 33010

REINSTATEMENT

800009328998

12/10/02--01035--018 **50.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: 

SEAN KELLY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/02

Date

Daytime Phone #