PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -7 AM 8:24

DOCUMENT # M98000001266

1. Limited Liability Company's Name
DIAPERS ETC. FACTORY OUTLET STORES LLC.

REINSTATEMENT 04-05

2. Principal Office Address	**3.** Mailing Office Address
901 EAST 10th AVE.	901 EAST 10th AVE
Suite, Apt. #, etc.: UNIT 12-B	Suite, Apt. #, etc.: UNIT 12-B.
City & State: HIALEAH, FLORIDA	City & State: HIALEAH. FLORIDA.
Zip: 33010. Country: U.S.A.	Zip: 33010 Country: U.S.A.

4. State/Country of Formation: FL. U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 10/27/98

6. FEI Number: 650890042. ☐ 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: SEAN KELLY.

Street Address (P.O. Box Number is Not Acceptable): 901 EAST 10th AVE.

Suite, Apt. #, Etc.: # 12-B.

City: HIALEAH. State: FL Zip Code: 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 2/2/2005

CR2E041 (10/02)

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	SEAN KELLY.	901 EAST 10th AVE #12-B	HIALEAH, FL, 33010.

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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 _____ Date 2/2/05 Daytime Phone # 786 269 8482

Typed or printed name of signing Managing Member/Manager _____