PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 01

DOCUMENT # P94000023067

1. Corporation Name
Mommy & Me Enterprises, Inc.

2. Principal Office Address	3. Mailing Office Address
1941 SW 73rd Avenue	2605 Three Springs Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation Fl	City & State: Westlake Village, CA
Zip: 33317 Country:	Zip: 91361 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3/25/94

5. FEI Number: 65-0533170 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: John S. Fletcher
Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd.
Suite, Apt. #, Etc.: 5300 First Union Financial Center
City: Miami State: FL Zip Code: 33131

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: John S. Fletcher Date: 10.18.01
REGISTERED AGENT MUST SIGN

CR2E031 (9/96)

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
DPT	Nurik, Cindy	1941 SW 73rd Ave.	Plantation, FL 33317
D	Nurik, Marc S	1941 SW 73rd Ave.	Plantation, FL 33317
V	Bracco, Lawrence	2605 Three Springs Drive	Westlake Village, CA 91361
SV	de Kanter, Stephen	1941 SW 73rd Ave.	Plantation, FL 33317

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: Lawrence Bracco 10/17/01 818-597-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #