

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000053111			
1. Corporation Name MY BABIES INC			
2. Principal Office Address 4160 NW 1 Avenue Suite, Apt. #, etc. 17 City & State Boca Raton FL Zip 33431 Country USA		3. Mailing Office Address 4160 NW 1 Avenue Suite, Apt. #, etc. 17 City & State Boca Raton FL Zip 33431 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-0845981	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

FILED

01 NOV 13 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent	
Name IVAN ARMANDO FERNANDEZ	
Street Address (P.O. Box Number is Not Acceptable) 8580 SPRING CIRCLE 200004705962--9	
Suite, Apt. #, Etc. 206	
City DEERFIELD BEACH	
State FL	Zip Code 33441

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 <i>Armando Fernandez</i>	Date 10/9/11
REGISTERED AGENT MUST SIGN	

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
P	Armando Fernandez	880 Spring Circle #206	Deerfield Beach FL 33441

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 807.0401 or 817.0401, 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)(j), 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: <i>Armando Fernandez</i>	10/9/11 561-3948200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #