PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 OCT 11 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # D 98000078455

REINSTATEMENT

1. Corporation Name
BISCAYNE BABIES CORPORATION

2. Principal Office Address	3. Mailing Office Address
142 N.E. 11th Street	142 N.E. 11th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33132 Country: USA	Zip: 33132 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/10/1998

5. FEI Number: 650948080 ☐ 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: Intrastate Registered Agent Corporation
Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave.
Suite, Apt. #, Etc.: Suite 3000
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: INTRASTATE REGISTERED AGENT CORPORATION Vice President
Steven H. Hagen REGISTERED AGENT MUST SIGN
Date

CR2E031 (8/01)

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
PST	Louis Puig	142 N.E. 11th Street	Miami, Florida 33132
AS	George Nuñez	142 N.E. 11th Street	Miami, Florida 33132

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: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : JAM MARK LIMITED
Account Number : I20000000112
Phone : (305)789-7758
Fax Number : (305)789-7799

CORPORATION REINSTATEMENT

BISCAYNE BABIES CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00