

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 AUG 28 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
400134668894  
08/20/08--01025--007 \*\*416.25

CR2E041 (12/07)

**DOCUMENT # L04000050982**

1. Limited Liability Company's Name

TOINAC INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #

10475 NW 117 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

10475 SW 117 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33176

Country

USA

Zip

33176

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified  
To Do Business in Florida

7/8/04

6. FEI Number

20-1370642

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  
VICTOR M. VIDAL

Street Address (P.O. Box Number is Not Acceptable)  
10475 SW 117 STREET

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33176

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*[Handwritten Signature]*

Date

8/11/08

REGISTERED AGENT MUST SIGN

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
MGR	VICTOR M. VIDAL	10475 SW 117 STREET	MIAMI, FL 33176

**REINSTATEMENT**

L. SELLERS  
AUG 29 2008  
EXAMINER

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

*[Handwritten Signature]*

Date

8/11/08

Daytime Phone #

305-296-9789

Typed or printed name of signing Managing Member/Manager

VICTOR M. VIDAL, MGR