PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL 15 PM 2:16
TALLAHASSEE, FLORIDA

100133399491
07/24/08--01031--028 **416.25
CR2E041 (12/07)

DOCUMENT # L04000075311

1. Limited Liability Company's Name

TONGA INVESTMENTS, L.L.C.

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2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
2 GROVE ISLE DR		2 GROVE ISLE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE: 1710		SUITE: 1710	
City & State		City & State	
COCONUT GROVE FL		COCONUT GROVE FL	
Zip	Country	Zip	Country
33133	USA	33133	USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 10/18/2004

6. FEI Number
20-2002384
☐ 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
CARLOS E. TAMAYO

Street Address (P.O. Box Number is Not Acceptable)
2 GROVE ISLE DR

Suite, Apt. #, Etc.
SUITE: 1710

City	State	Zip Code
COCONUT GROVE	FL	33133

☑ 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 Carlos E Tamayo Date 07-14-08
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	CARLOS E. TAMAYO	2 GROVE ISLE DR SUITE: 1710	COCONUT GROVE FL 33133
	REINSTATEMENT 2006-2008		

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 Carlos E Tamayo Date 07-14-08 Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager CARLOS E. TAMAYO