

2009 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED

09 AUG 11 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000076208

1. Entity Name
THE TOHO GROUP LLC



Principal Place of Business
2408 WEST KENNEDY BOULEVARD
TAMPA, FL 33609

Mailing Address
2019 WEST PLATT STREET
TAMPA, FL 33606

2. Principal Place of Business - No P.O. Box #
303 S. Melville Ave

3. Mailing Address
303 S. Melville Ave

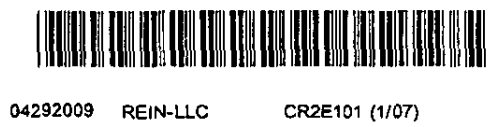
Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
33606 Country
USA

Zip
33606 Country
USA



04292009 REIN-LLC CR2E101 (1/07)

4. FEI Number
26-4772447 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, THOMAS
2019 WEST PLATT STREET
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
303 S. Melville Ave

City
Tampa FL Zip Code
33606

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] Thomas Ortiz MGRM DATE 04/29/09

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, THOMAS 2019 WEST PLATT STREET TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, CHRISTOPHER B 2019 WEST PLATT STREEET TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNOUCHE, PETER A 2019 WEST PLATT STREET TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>303 S. Melville Ave</u> <u>Tampa, FL 33606</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>303 S. Melville Ave</u> <u>Tampa, FL 33606</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>200156685672</u> <u>06/02/09--01037--012</u> **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>200156685672</u> <u>04/28/08--90045--005</u> **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] Thomas Ortiz MGRM DATE 04/29/09 DAYTIME PHONE # 813 259 0136

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT
08-09