

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
2017



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

17 APR - 6 AM 9:10

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # **L12000160054**

1. Limited Liability Company's Name

**TOKAPA HOLDINGS LLC**

2. Principal Office Address - No P.O. Box #  
**255 Aragon Ave**

3. Mailing Office Address  
**255 Aragon Ave**

Suite, Apt. #, etc.  
**FL2**

Suite, Apt. #, etc.  
**FL2**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip Country  
**33134 USA**

Zip Country  
**33134 USA**

CR2E041 (1/14)

4. State/Country of Formation **Miami-Dade County, Florida**

5. Date Organized or Qualified To Do Business in Florida **12/26/2102**

6. FEI Number **46-1625309**

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  
**Christopher Bradish**

Street Address (P.O. Box Number is Not Acceptable) Suite.  
**255 Aragon Ave**

Apt. #, Etc.  
**FL2**

City State Zip Code  
**Miami FL 33134**

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04/04/17--01022--009 \*\*238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date **2/16/2017**

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
Sole MBR	Christopher Bradish	255 Aragon Ave., FL2	Miami, FL 33134

11. E-mail Address: **christopher.bradish@tokapa.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Date **2/16/2017** Daytime Phone # **1 305 239 9455**

Typed or printed name of signing authorized representative/member

K. ASHTON