

L00000001346

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 15 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001346

1. Limited Liability Company's Name

TOLER INTERNATIONAL, L.L.C.

REINSTATEMENT

2002-2003

800015478608
04/18/03--01073--017 **155.00

2. Principal Office Address

7500 NW 54 STREET

Suite, Apt. #, etc.

SUITE 105

City & State

MIAMI, FL

Zip

33166

Country

MIAMI-DADE

3. Mailing Office Address

7500 NW 54 STREET

Suite, Apt. #, etc.

SUITE 105

City & State

MIAMI, FL

Zip

33166

Country

MIAMI-DADE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/04/2000

6. FEI Number

65-0979151

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

MICHAEL A. MESA

Street Address (P.O. Box Number is Not Acceptable)

9600 NW 25 STREET

Suite, Apt. #, Etc.

SUITE 3F

City

MIAMI

State

FL

Zip Code

33172

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

[Signature]

Date 03/31/03

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
MGRM	CAYCEDO, GONZALO	7500 NW 54 STREET SUITE 105	MIAMI, FL 33166
MGRM	DE CAYCEDO, ROSSANE B.	7500 NW 54 STREET SUITE 105	MIAMI, FL 33166
			05/12/07 90109025 \$50.00
			<i>[Signature]</i>

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

[Signature]

Date 03/31/03

Daytime Phone# 305-951-7292

Typed or printed name of signing Managing Member/Manager

GONZALO CAYCEDO

CR2041 (10/02)