

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 NOV 20 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L00000004569

1. Limited Liability Company's Name

TOMERA INVESTMENTS LC

2. Principal Office Address

1200 Brickell Ave

Suite, Apt. #, etc.

Suite 1900 (RFH)

City & State

Miami, FL 33131

Zip

33131

Country

USA

3. Mailing Office Address

1200 Brickell Ave.

Suite, Apt. #, etc.

Suite 1900 (RFH)

City & State

Miami, FL 33131

Zip

33131

Country

USA

4. State/Country of Formation

Florida / Miami Dade County

**5. Date Organized or Qualified
To Do Business in Florida**

04/20/00

6. FEI Number

65-1009011

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Corporation Service Company (CSC)

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

**Brian Courtney
as its agent**

REGISTERED AGENT MUST SIGN

Date

11-20-01

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
Manager	Willy J. Toedtli	781 Crandon Blvd., Unit 601	Key Biscayne, FL 33149

700004690347-5

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

Date

11/9/01

Daytime Phone #

305 365 6749

Typed or printed name of signing Managing Member/Manager

Willy J. Toedtli, Manager

REINSTATEMENT 2001



2002

ACCOUNT NO. : 072100000032
REFERENCE : 993127 4336650
AUTHORIZATION : *Patricia Pigute*
COST LIMIT : \$ 150.00

ORDER DATE : November 20, 2001

ORDER TIME : 3:54 PM

ORDER NO. : 993127-005

CUSTOMER NO: 4336650

CUSTOMER: Robert Hudson, Jr., Esq
Baker & McKenzie
19th Floor
1200 Brickell Avenue
Miami, FL 33131

RECEIVED
01 NOV 20 PM 4:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: TOMERA INVESTMENTS LC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156
EXAMINER'S INITIALS _____