PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -5 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013457

**1.** Limited Liability Company's Name

THE TOFINO GROUP, LLC

REINSTATEMENT 2001

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 10000 Stirling Road | 10000 Stirling Road |
| Suite Apt. #, etc. | Suite, Apt. #, etc. |
| Suite 1 | Suite 1 |
| City & State | City & State |
| Cooper City, FL | Cooper City, FL |
| Zip / Country | Zip / Country |
| 33024 / USA | 33024 / USA |

**4.** State/Country of Formation: Florida

**5.** Date Organized or Qualified To Do Business in Florida: 11/1/00

**6.** FEI Number: X 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: Bradley S. Hartman

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*****5.00 *****5.00

Street Address (P.O. Box Number is Not Acceptable): 10000 Stirling Road

Suite, Apt. #, Etc.: Suite 1

City: Cooper City | State: FL | Zip Code: 33024

**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 _____ Date 11/1/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

**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/ Member | Gregory Gary | 533 S. Howard Avd., Suite 8-058 | Tampa, FL 33606 |
| Member | Paul Shambora | 3020 N. 34 Street | Hollywood, FL 33021 |
| Member | Mel S. Jacobson, Trustee | P.O. Box 18404 | Tampa, FL 33679 |
| Member | Bradley S. Hartman | 10000 Stirling Rd., #1 | Cooper City, FL 33024 |
| | | | |
| | | | |

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**11.** I certify that I am a managing member/manager of 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 taxes 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 11/1/01 Daytime Phone # (954) 438-1000

Typed or printed name of signing Managing Member/Manager _____