

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 2005 8:00 A.M.
Secretary of State

DOCUMENT # **L 01000005389**

1. Limited Liability Company's Name

Tovar LLC

2. Principal Office Address

14505 NE 6 AVE

Suite, Apt. #, etc.

102

City & State

North miami, FL

Zip

33161

Country

U.S.A

3. Mailing Office Address

3747 NE 168 st

Suite, Apt. #, etc.

City & State

North miami Beach, FL

Zip

33161

Country

U.S.A

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

4/9/01

6. FEI Number

65-1092950

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

Ilan Asiag

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

3747 NE 168 st

Suite, Apt. #, Etc.

City

North miami Beach

State

FL

Zip Code

33160

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]

REGISTERED AGENT MUST SIGN

Date **3-19-05**

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
mgr.	Royal Beach Enterprises, inc	3747 NE 168 st	North miami Beach FL 33160
mgrm	sasoni, michael	3201 NE 180 st #306	Aventura FL 33160
			000053924690 05/05/05--01063--007 **300.00
			REINSTATEMENT 02-05
			<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 **3-19-05**

Daytime Phone #

786-547-4707

Typed or printed name of signing Managing Member/Manager

Ilan Asiag

CR2004 (10/02)