

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 11 A 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011618

1. Limited Liability Company's Name

TOY SOLDIER ENTERPRISES LLC

700036070857
05/11/04--01087--001 **205.00

2. Principal Office Address

1905 CLINT MOORE ROAD

Suite, Apt. #, etc.

#215

City & State

BOCA RATON, FLORIDA

Zip

33496

Country

USA

3. Mailing Office Address

1905 CLINT MOORE ROAD

Suite, Apt. #, etc.

#215

City & State

BOCA RATON, FLORIDA

Zip

33496

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

07/16/2001

6. FEI Number

65-1159104

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

PETER G BALLAS, II

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

1905 CLINT MOORE ROAD

Suite, Apt. #, Etc.

#215

City

BOCA RATON

State

FL

Zip Code

33496

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

Peter G. Ballas II

Date

5/4/04

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	PETER G. BALLAS	1905 CLINT MOORE ROAD, #215	BOCA RATON, FLORIDA 33496

REINSTATEMENT

03-04

CUS

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

Peter G. Ballas II

Date

5/4/04

Daytime Phone #

561-989-9002

Typed or printed name of signing Managing Member/Manager

PETER G. BALLAS II

CR2E041 (10/02)