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Florida Department of State

Division of Corporations

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To:
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From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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LIMITED LIABILITY REINSTATEMENT
TODI, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	$1,348.75

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EXAMINER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L01000019820

1. Limited Liability Company's Name

TODI, LLC

2. Principal Office Address - No P.O. Box's	3. Mailing Office Address
262 South Beach Road	P.O. Box 1908
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hobe Sound, FL	City & State: Hobe Sound, FL
Zip: 33455 Country: USA	Zip: 33475 Country: USA

4. State/Country of Formation: FL / USA
5. Date Organized or Qualified To Do Business in Florida: 10/31/2001
6. FEI Number: Applied For / ☒ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive
Suite, Apt. #, Etc.: Suite 4
City: Weston State: FL Zip Code: 33331

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Mary Parro
REGISTERED AGENT MUST SIGN
Date: 3/17/10

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	Paul D. Kazilionis	262 South Beach Road	Hobe Sound, FL 33455

REINSTATEMENT-02-10

11. E-mail Address: KSheikh@westbrookpartners.com
(To be used for future annual report notifications)

12. 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] PAID BY LEGAL K. SHEIKH Date ________ Daytime Phone #: 800-452-4344

Typed or printed name of signing Managing Member/Manager: Paul D. Kazilionis

C.S.