FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -6 AM 10:23

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~I01000021251~~

1. Limited Liability Company's Name
TOGLOST Investments, LLC

L01000021251

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
20331 NE 20 Place	20331 NE 20 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33179 Country: USA	Zip: 33179 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 12/10/01

6. FEI Number: 65-1158016 ☐ 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: Eliot W. Rifkin

Street Address (P.O. Box Number is Not Acceptable): 9400 S. Dadeland Blvd.

Suite, Apt. #, Etc: Suite 600

City: Miami State: FL Zip Code: 33156

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 8/25/06

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	Tom A. Roses	20331 NE 20 Place	Miami, FL 33179
MGR	Gloria Romero Roses	20331 NE 20 Place	Miami, FL 33179

REINSTATEMENT 04:06:22
09/12/06--01058--008 **250.00

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: Gloria Romero Roses Date 8/31/06 Daytime Phone # 305-904-3852

Typed or printed name of signing Managing Member/Manager: Gloria Romero Roses