


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000056749			
1. Limited Liability Company's Name TOR, L.L.C.			
2. Principal Office Address 2050 CORAL WAY		3. Mailing Office Address 2050 CORAL WAY	
Suite, Apt. #, etc. STE: 404		Suite, Apt. #, etc. STE: 404	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33145	Country US	Zip 33145	Country US

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TALLAHASSEE, FLORIDA

CR2E041 (8/05)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 07/30/2004	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name HECTOR RICARDO CAIF	
Street Address (P.O. Box Number is Not Acceptable) 2050 CORAL WAY	
Suite, Apt. #, Etc. STE: 404	
City MIAMI	State FL
	Zip Code 33145

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 _____	
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	HECTOR RICARDO CAIF	2050 CORAL WAY STE: 404	MIAMI, FL 33145
MGRM	CARLOS ALEJANDRO IMAZIO	2050 CORAL WAY STE: 404	MIAMI, FL 33145
MGRM	HECTOR ORLANDO ALLENDE	2050 CORAL WAY STE: 404	MIAMI, FL 33145
REINSTATEMENT 2005-2007			
300095019803 01/12/07--01039--021 **155.00			
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 		Date _____ Daytime Phone # _____	
Typed or printed name of signing Managing Member/Manager _____			

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

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AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2005 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

PLEASE MAKE NOTE OF OUR NEW ADDRESS

CORDIALLY,


HECTOR RICARDO CAIF
MGRM

BK