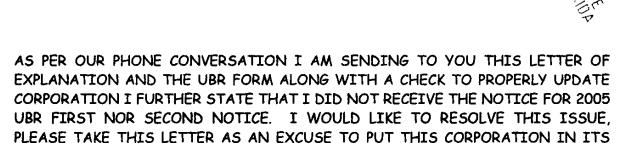
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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С	ED LIABILITY COMPANY STATEMENT	DEPARTMENT OF STATE ecretary of State ION OF CORPORATIONS		FILED 07.JAN 16. DO				
DOCUMENT #L04000056749 1. Limited Liability Company's Name TOR, L.L.C.					O7 JAN 16 PM 3: 06 SECRETARY OF STATE TALLAHASSEELFLORIDA			
2 Detector	Il Office Address	3 Mailine Office	<i>U</i>	5		CR2E041 (8/05)		
2050	CORAL WAY	3. Mailing Office Address 2050 CORAL WAY			4. State/Country of Formation			
Suite, Apt. #	404	STE: 404			5. Date Organized or Qualified To Do Business in Florida 07/30/2004			
City & State MIAMI, FL		MIAMI, FL			6. FEI Number Applied For Not Applicable			
^{Zip} 33145	Country US	^{Zip} 33145	Country US		7. CERTIFICATE		Additional Fee required a Certificate of Status	
8. Name and Address of Current Registered Agent								
	HECTOR RICARDO CAIF							
	Street Address (P.O. Box Number is Not Acceptable) 2050 CORAL WAY							
	STE: 404					I'' z		
	MilMI ∫					State Zip Code 33145		
Signature of Registered Agent REGISTERED AGENT MUST SIGN Signature of 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		: 404	MIAMI, FL 33145		
MGRM	CARLOS ALEJANDRO IMAZIO		2050 CORAL WAY STE: 404		MIAMI, FL 33145			
MGRM	HECTOR ORLANDO A	LLENDE 20	050 CORA	L WAY	STE: 404	MIAMI, FL 331	45	
		<u> </u>	<u>र्गाटाजान</u>	7 N	75	-2 Un	7	
	REIN	STATE		<u></u>		00085019	202	
		٨			01/1	8/0701039021	**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 filling 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								

104000056749

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



PLEASE MAKE NOTE OF OUR NEW ADDRESS

CURRENT STATUS AND WAIVE ANY LATE FEES.

CORDIALLY.

HECTOR RICARDO CAIF

MGRM

BK