

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2009 APR 14 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200149166292
04/08/09--01003--028 **\$55.00
CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000098818

1. Limited Liability Company's Name

TOLEDO, LLC

2. Principal Office Address - No P.O. Box #

4532 W. Kennedy Blvd

3. Mailing Office Address

4532 W. Kennedy Blvd.

Suite, Apt. #, etc.

#481

Suite, Apt. #, etc.

#481

City & State

TAMPA, FL

City & State

Tampa, FL

Zip

33609-2042

Country

USA

Zip

33609-2042

Country

USA

4. State/Country of Formation
HILLSBOROUGH

5. Date Organized or Qualified
To Do Business in Florida 10/08/2005

6. FEI Number

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

JOSE TOLEDO

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

4115 W. CYPRESS ST.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607

☐ 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

REGISTERED AGENT MUST SIGN

Date

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
MMGR	JOSE TOLEDO	4115 W. CYPRESS ST.	TAMPA, FL 33607

REINSTATEMENT - 04/07-08-09

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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

4/14/09

Daytime Phone #

8138742328

Typed or printed name of signing Managing Member/Manager JOSE TOLEDO