

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 AUG -5 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07172008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5468088 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000120988

1. Entity Name
TOKATLI/BENCHMARK II, LLC.



Principal Place of Business
1040 BAYVIEW DRIVE, SUITE 424
FORT LAUDERDALE, FL 33305

Mailing Address
P O BOX 1207
WINDERMERE, FL 34786

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State

3. Mailing Address
1040 Bayview Drive
Suite 424
Fort Lauderdale
City & State

Zip 33304 Country US

6. Name and Address of Current Registered Agent
ALTERNATIVE FINANCIAL SERVICES LLC
4192 CONROY ROAD SUITE 110
ORLANDO, FL 32839

7. Name and Address of New Registered Agent
Name
Benchmark Custom Builders II, Inc
Street Address (P.O. Box Number is Not Acceptable)
1040 Bayview Drive
Suite 424
City Fort Lauderdale FL Zip Code 33304

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Alex Locay MGRM DATE 7/17/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENCHMARK CUSTOM BUILDERS II, INC. 1040 BAYVIEW DRIVE, SUITE 424 FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FTA INTERNATIONAL INVESTMENT LLC 4192 CONROY ROAD SUITE 110 ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001335365074 07/28/08--01057--005 ***377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

07-08

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alex Locay MGRM DATE 7/17/2008 954-566-4074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE