

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 NOV -5 AM 11:15

DOCUMENT # L06000055700

1. Limited Liability Company's Name

TODON VENTURES, L.L.C.

800187501198
11/05/10--01041--001 **655.00

CR2E041 (05/10)

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

6001 N. Ocean Drive

Suite, Apt. #, etc.

Unit 707

City & State

Hollywood, FL

Zip

33019

Country

USA

3. Mailing Office Address

6001 N. Ocean Drive

Suite, Apt. #, etc.

Unit 707

City & State

Hollywood, FL

Zip

33019

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

5/25/06

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

Tracy Scroggins

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

6001 North Ocean Drive

Suite, Apt. #, Etc.

Unit 707

City

Hollywood

State

FL

Zip Code

33019

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

X Tracy Scroggins

REGISTERED AGENT MUST SIGN

Date

10/29/10

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
MGR	Tracy Scroggins	6001 North Ocean Drive Unit 707	Hollywood, FL 33019

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

X Tracy Scroggins

Date

10/29/10

Daytime Phone #

954-922-3114

Typed or printed name of signing Managing Member/Manager