

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000093775

1. Limited Liability Company's Name

UNIQUE TOYO, LLC

BK

CR2E041 (1/11)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 21 PM 4:04

2. Principal Office Address - No P.O. Box # 1390 South Dixie Highway		3. Mailing Office Address 1390 South Dixie Highway	
Suite, Apt. #, etc. Suite 1104		Suite, Apt. #, etc. Suite 1104	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33146	Country	Zip 33146	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/03/2008	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Scott G. Villanueva			
Street Address (P.O. Box Number is Not Acceptable) 1390 South Dixie Highway			
Suite, Apt. #, Etc. 1104			
City Coral Gables	State FL	Zip Code 33146	

E-mail Address:
400239899614
09/21/12--01004--005 **516.25
sv@sylvlaw.com
(To be used for future annual report notices)

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 /s/ SCOTT G. VILLANUEVA 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
Sole Manager	Scott G. Villanueva	1390 South Dixie Highway, Suite 1104	Coral Gables, Florida 33146
REINSTATEMENT 2010-2012			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Scott G. Villanueva Date 9/20/2012 Daytime Phone # 305-579-6800
Typed or printed name of signing Managing Member/Manager Scott G. Villanueva, Sole Manager