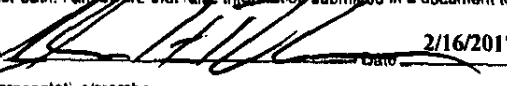


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2017		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L12000160054			
1. Limited Liability Company's Name TOKAPA HOLDINGS LLC			
2. Principal Office Address - No P.O. Box # 255 Aragon Ave		3. Mailing Office Address 255 Aragon Ave	
Suite, Apt. #, etc. FL2		Suite, Apt. #, etc. FL2	
City & State Miami, FL		City & State Miami, FL	
Zip 33134	Country USA	Zip 33134	Country USA
8. Name and Address of Current Registered Agent			
Name Christopher Bradish			
Street Address (P.O. Box Number is Not Acceptable) Suite. 255 Aragon Ave			
Apt. #, Etc. FL2			
City Miami		State FL	Zip Code 33134
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Date 2/16/2017	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
Sole MBR	Christopher Bradish	255 Aragon Ave., FL2	Miami, FL 33134
11. E-mail Address: christopher.bradish@tokapa.com			
(To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member 		Date 2/16/2017 Daytime Phone # 1 305 239 9455	
Typed or printed name of signing authorized representative/member			

K. ASHTON