PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 APR -4 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000160054

1. Limited Liability Company's Name

TOKAPA HOLDINGS LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
255 Aragon Ave	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

4. State/Country of Formation: Miami-Dade County, Florida

5. Date Organized or Qualified To Do Business In Florida: 12/26/2102

6. FEI Number: 46-1625309 — 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: 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

700297577927
04/04/17--01022--009 **236.75

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

Titles	Name of Authorized Representatives/ Managers	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