

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 25 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L99000001159**

1. Limited Liability Company's Name

**TOUCAN INTERNATIONAL, L.C.**

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

**90 DASKAL BOLTON LLP  
2700 WEST CYPRESS  
SUITE D126**

City & State  
**FORT LAUDERDALE  
FLORIDA**

Zip Country  
**33309 U.S.A**

3. Mailing Office Address

**5746 FINCH AVE. EAST  
SUITE 7**

City & State  
**TORONTO, ONTARIO**

Zip Country  
**M1B5R2 CANADA**

4. State/Country of Formation

**FLORIDA, U.S.A**

5. Date Organized or Qualified  
To Do Business in Florida

**MARCH 1, 1999**

6. FEI Number

**65-0892714**

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 **WALLACE NG-SEE-QUAN  
90 DASKAL BOLTON LLP**

Street Address (P.O. Box Number is Not Acceptable)  
**2700 WEST CYPRESS CREEK ROAD**

Suite, Apt., Etc.  
**SUITE D126**

City  
**FORT LAUDERDALE**

State Zip Code  
**FL 33309**

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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 **W. Ng-See-Quan**

REGISTERED AGENT MUST SIGN

Date **April 17/07**

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
<b>M&amp;RM</b>	<b>WENDELL NG-SEE-QUAN</b>	<b>5746 FINCH AVE E. UNIT 7</b>	<b>TORONTO, ONTARIO CANADA M1B5R2</b>
<b>M&amp;RM</b>	<b>WALLACE NG-SEE-QUAN</b>	<b>5746 FINCH AVE E. UNIT 7</b>	<b>TORONTO, ONTARIO CANADA M1B5R2</b>
			<b>300101768473</b>
			<b>05/02/07--01006--012 **450.00</b>
			<b>REINSTATEMENT 02-07</b>

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.

Signature of  
Managing Member/Manager **W. Ng-See-Quan** Date **Apr 17/07** Daytime Phone # **416 299 7384**

Typed or printed name of signing Managing Member/Manager **WALLACE NG-SEE-QUAN**