

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000000337

1. Limited Liability Company's Name

Toy Trax, LLC

2. Principal Office Address 100 Business Center Drive		3. Mailing Office Address 100 Business Center Drive	
Suite, Apt. #, etc. Suite 13		Suite, Apt. #, etc. Suite 13	
City & State Ormond Beach, FL		City & State Ormond Beach, FL	
Zip 32174	Country USA	Zip 32174	Country USA

REINSTATEMENT 2001

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida February 17, 2000	
6. FEI Number 82-0517377	
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 Raymond Alford		000004686020-5	
Street Address (P.O. Box Number is Not Acceptable) 58 Ocean Palm Villa So		-11/16/01--01094--011 ****150.00 ****150.00	
Suite, Apt. #, Etc. Flagler Beach		State FL	Zip Code 32136
City			

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

Raymond Alford

REGISTERED AGENT MUST SIGN

Date *10-29-01*

CR2041 (9/01)

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	Narotam S. Grewal	P.O. Box 1388	North Hampton, NH 03862

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

Narotam S. Grewal

Date *10/25/01*

Daytime Phone # *603/964-7410*

Typed or printed name of signing Managing Member/Manager

Narotam S. Grewal