

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 NOV -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000337

1. Limited Liability Company's Name

Toy Trax, LLC

2. Principal Office Address

100 Business Center Drive

Suite, Apt. #, etc.

Suite 13

City & State

Ormond Beach, FL 32174

Zip Country
32174 USA

3. Mailing Office Address

100 Business Center Drive

Suite, Apt. #, etc.

Suite 13

City & State

Ormond Beach, FL 32174

Zip Country
32174 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

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Raymond Alford

Street Address (P.O. Box Number is Not Acceptable)

58 Ocean Palm Villa So

Suite, Apt. #, Etc.

Flagler Beach

City

State

FL

Zip Code

32136

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

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

N. Grewal

Date 10/25/01

Daytime Phone # 603/964-7410

Typed or printed name of signing Managing Member/Manager

Narotam S. Grewal

CR2E041 (9/01)