
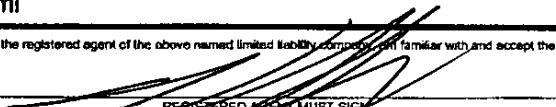
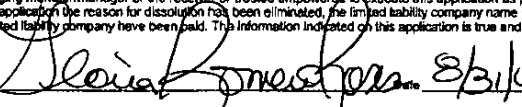


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 104000024261 1. Limited Liability Company's Name TOGLOST Investments, LLC <i>L01000021251</i>			
2. Principal Office Address 20331 NE 20 Place Suite, Apt. #, etc.		3. Mailing Office Address 20331 NE 20 Place Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33179	Country USA	Zip 33179	Country USA
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida 12/10/01	
6. FEI Number 65-1158016		Applied For <input type="checkbox"/> Not Applicable	
7. <input checked="" type="checkbox"/> 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 Eliot W. Rifkin			
Street Address (P.O. Box Number is Not Acceptable) 9400 S. Dadeland Blvd.			
Suite, Apt. #, Etc. Suite 600			
City Miami		State FL	Zip Code 33156
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 		Date 8/25/06	
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
MGRM	Tom A. Roses	20331 NE 20 Place	Miami, FL 33179
MGR	Gloria Romero Roses	20331 NE 20 Place	Miami, FL 33179
REINSTATEMENT			
09/12/06--01058--009 **250.00			
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. This 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 		Date 8/31/06 Daytime Phone # 35-904-3850	
Typed or printed name of signing Managing Member/Manager Gloria Romero Roses			