

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -8 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000007070

1. Limited Liability Company's Name

TOMAX WHOLESALE LLC

2. Principal Office Address

8 KENNEDY AVE.

Suite, Apt. #, etc.

OFFICE 101

City & State

NICOSIA

Zip

CY-1087

Country

CYPRUS

3. Mailing Office Address

P.O. BOX 26557

Suite, Apt. #, etc.

City & State

NICOSIA

Zip

CY-1640

Country

CYPRUS

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

06-14-2000

6. FEI Number

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

ARD, SHIRLEY & HARTMAN, P.A.

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

207 WEST PARK AVE.

Suite, Apt. #, Etc.

SUITE B

City

TALLAHASSEE

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Date

11/01/04

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 | PETR BERNATZIK | 4 Kennedy Ave., Office 101, Nicosia, CY-1087 Cyprus | |
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REINSTATEMENT

2004

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

Date

10-12-04

Daytime Phone #

011-42-022-444-
9444

Typed or printed name of signing Managing Member/Manager

PETR BERNATZIK, MANAGER

CR2E041 (10/02)