## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L0000007070

Entity Name: TOMAX WHOLESALE LLC

**FILED** Nov 16, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8 KENNEDY AVE. OFFICE 101 306 VICTORIA HOUSE NICOSIA CY-1065, XX CYPRUS XX

VICTORIA

MAHE, XX SEYCHELLE

**Current Mailing Address: New Mailing Address:** 

PO BOX 26557 910 FOULK ROAD SUITE 201 CY-1065 NICOSIA, XX CYPRUS XX

WILMINGTON, DE 19803

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARD SHIRLEY & HARTMAN, P.A. 207 WEST PARK AVE. STE B TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAMUAL J. ARD

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete BERNATZIK, PETR FAGOT MANAGEMENT LIM, ITED Name: Name: Address: 8 KENNEDY AVE. OFFICE 101 Address: 306 VICTORIA HOUSE, VICTORIA City-St-Zip: NICOSIA, XX CY-1087 CY City-St-Zip: MAHE, XX SEYCHELLE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FAGOT MANAGEMENT LIMITED 11/16/2007