

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000017318

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000017318

1. Limited Liability Company's Name

PLEXTONE LLC

10/4/02

12/18/03--01039--021 **200.00

2. Principal Office Address

8 KENNEDY AVE.

3. Mailing Office Address

910 FOULK RD.

Suite, Apt. #, etc.

OFFICE 101

Suite, Apt. #, etc.

SUITE 201

City & State

NICOSIA

City & State

WILMINGTON, DE

Zip

1087

Country

CYPRUS

Zip

19803

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10-08-01

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

Date

12/18/03

REGISTERED AGENT MUST SIGN

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	CHRISTALLA KIRILLARI	8 KENNEDY AVE. OFC. 101	NICOSIA 1087 CYPRUS

REINSTATEMENT 2002-2003
BK

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

11/20/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CHRISTALLA KIRILLARI, MANAGER

CR2E041 (10/02)