

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000017318

**FILED**  
**Mar 25, 2008**  
**Secretary of State**

**Entity Name:** PLEXTONE LLC

**Current Principal Place of Business:**

8 KENNEDY AVENUE, OFFICE 101  
NICOSIA, CY 1087

**New Principal Place of Business:**

**Current Mailing Address:**

910 FOULK ROAD, SUITE 201  
WILMINGTON, DE 19803

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

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

ARD, SHIRLEY & RUDOLPH, P.A.  
207 WEST PARK AVE., SUITE 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: SAMUEL ARD

03/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KIRKILLARI, CHRISTALLA  
Address: 8 KENNEDY AVE, OFFICE 101  
City-St-Zip: NICOSIA, CY 1087 CY

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTALLA KIRKILLARI

MGR

03/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date