

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000087823

Entity Name: SUNDARI PLASTICS, LLC

FILED
Mar 31, 2007
Secretary of State

Current Principal Place of Business:

601 CHANNELSIDE WALK WAY
APT. # 1438
TAMPA, FL 33602

New Principal Place of Business:

902 NOAHS CIRCLE
WARRINGTON, PA 18976 US

Current Mailing Address:

601 CHANNELSIDE WALK WAY
APT. # 1438
TAMPA, FL 33602

New Mailing Address:

902 NOAHS CIRCLE
WARRINGTON, PA 18976 US

FEI Number: 20-3420452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PRESIDENTIAL SERVICES INCORPORATED
1217 CAPE CORAL PKWY.
#300
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

RELIANCE CONSULTING LLC
3105 W WATERS AVE
SUITE 105
TAMPA, FL 33614 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: AMOL NIRGUDKAR

03/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROACH, JOHN DR.
Address: 601 CHANNELSIDE WALK WAY, APT. # 1438
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROACH, JOHN DR.
Address: 902 NOAHS CIRCLE
City-St-Zip: WARRINGTON, PA 18976 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN D ROACH

MGR

03/31/2007

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