A. 6. 18 ...

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # 179900000.126 1. Limited Liability Company's Name Plastek, LLC Bba DTK Telecommunications, LC 2. Principal Office Address 7023 NE 175th St. 3. Mailing Office Address
PDBox 82446 4. State/Country of Formation Suite, Apt. #, etc. washington 5. Date Organized or Qualified To Do Business in Florida 08 //0/1999 Suite H Kenmove, WA Kenmore, WA 6. FEI Number Applied For 911894207 Not Applicable CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status 98028 u.S 8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 300006224203----07/05/02--01056--006 526 E. Park Avenue Suite, Apt. #, Etc. ****200.00 ******2**00.00 Tallahassee State Zip Code 32301 I, being appointed the registered agent of the above d limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Date 5/28/02 Registered Agent 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip NE 175th Kennove, WA 98028 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 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 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 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 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 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 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 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 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 receiver for Charles Power

Date 4/7/02 Daytime Phone #(206) 660-3865 Signature of Managing Member/Manager Typed or printed name of signing Managing Member/Manager