

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

03 FEB -5 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. DOCUMENT # L0000008969

Name and Mailing Address

0007292 01 FP 0.352 \*\*PRSR T2 0 0615 30309-452800



ORSAY COMPANY LLC  
C/O KILPATRICK STOCKTON LLP  
1100 PEACHTREE ST STE 2800  
ATLANTA GA 30309-4528

REINSTATEMENT

2002-2003



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/27/2000	

Principal Place of Business SQE SERVICES AG ALFRED ESCHERSTR.9, POSTFACH CH 8027 ZURICH SWITZERLAND		3. New Principal Place of Business Address City, State, Zip		6. FEI Number APPLIED FOR		Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 200011993042 02/07/03--01056--008 **150.00 City FL Zip Code	
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10. 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 Deborah D. Skipper Deborah D. Skipper Date 2/15/03  
Asst. V. Pres.  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	FEUZ, KATHARINA	ALFRED ESCHERSTR 9 POSTFACH CH 8027	ZURICHSWITZERLAND
MEM	FAZITA INVESTMENTS INC	ALFRED ESCHERSTR 9 POSTFACH CH 8027	ZURICHSWITZERLAND
			200011993042 02/07/03--01056--009 **50.00

12. 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 [Signature] Date 2/13/03 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

CR2E084 (8/02)