

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 NOV 13 PM 4:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

300112459713
11/20/07--01031--014 **150.00

300112459713
11/20/07--01031--015 **350.00

CR2E039 (1/07)

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT "

1. Name of Limited Partnership

B06000000381

Graphic Prepress & Imaging Technology, LP

2. Principal Office Address - No P.O. Box #
N63 W23075 Highway 74

3. Mailing Office Address

N63 W23075 Highway 74

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sussex, WI

City & State

Sussex, WI

Zip
53089

Country
USA

Zip
53089

Country
USA

4. Date Formed or Registered
To Do Business in Florida 10/23/2006

5. FEI Number
39-2002725

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
NRAI Services Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

City
Weston

State
FL

Zip Code
33331

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

☒ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620,
Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

AGS on 11/13/07
(REGISTERED AGENT MUST SIGN)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Imaging Technology Group, Inc.	N63 W23075 Highway 74	Sussex, WI 53089	F06000006664
REINSTATEMENT			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of
Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated
on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or
trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE 10-8-2007

Typed or Printed Name of General Partner Signing Form Andrew R. Schiesl

Telephone Number 414-566-2011