

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

APR -2 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 0000000 4109

1. Limited Liability Company's Name

Leonhardt Gruppe USA, LLC

200031746772  
04/02/04--01057--003 \*\*205.00

2. Principal Office Address c/o M.S.

Willet, 220 Cockeysville Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

220 Cockeysville Road

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

4/5/2000

6. FEI Number  
59-3653078

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Cockeysville, MD

Zip  
21030-0266

Country  
USA

City & State

Cockeysville, MD

Zip  
21030-0266

Country  
USA

**8. Name and Address of Current Registered Agent**

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. 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

REGISTERED AGENT MUST SIGN

JENNIFER PAULTMAN  
ASSISTANT SECRETARY

Date 3/30/2004

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Uwe Leonhardt	220 Cockeysville Road	Cockeysville, MD 21030

REINSTATEMENT

03-04  
JL

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 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

Date

24. März 2004

Daytime Phone #

404-817-6137

Typed or printed name of signing Managing Member/Manager

Uwe Leonhardt

CR2E041 (10/02)