

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009256

1. Limited Liability Company's Name

GERMAN GRAPHICS AMERICA, L.L.C.

2. Principal Office Address

6070 N. Federal Highway

Suite, Apt. #, etc.

c/o Steven Serle, P.A.

City & State

Boca Raton, FL 33487

Zip

33487

Country

USA

3. Mailing Office Address

6070 N. Federal Highway

Suite, Apt. #, etc.

c/o Steven Serle, P.A.

City & State

Boca Raton, FL 33487

Zip

33487

Country

USA

4. State/Country of Formation
Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

08/03/2000

6. FEI Number

TIN - 911-75-3953

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Steven Serle, P.A.

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

6070 N. Federal Highway

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

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**

Steven Serle

REGISTERED AGENT MUST SIGN

Date October 31, 2001

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
MGRM	Axel Langelluddecke	c/o Steven Serle, P.A. 6070 N. Federal Highway	Boca Raton, FL 33487

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1950.00 *150.00

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 10/31/01

Daytime Phone # 561-912-3500

Steven Serle for Axel Langelluddecke by Power of Attorney

Typed or printed name of signing Managing Member/Manager

STEVEN SERLE, P.A.
Attorneys and Counselors at Law

6070 North Federal Highway
Boca Raton, Florida 33487

Telephone (561) 912-3500
Facsimile (561) 912-3590

October 31, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: REINSTATEMENT OF:
PERFECTA, INC.;
PERFECTA CUTTING SYSTEMS, INC.
GERMAN GRAPHICS AMERICA, L.L.C.
GERMAN GRAPHICS, L.L.C.
STARLINE GRAPHICS, L.L.C.

Dear Sir/Madam:

Enclosed please find this offices check in the sum of \$1,950.00 to cover the fees for the reinstatement of the above corporate entities.

Thank you for your assistance.

Very truly yours,

STEVEN SERLE, P.A.

By: Steven Serle
Steven Serle

SS/lf
Enclosures