

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -7 AM 8:23

**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.

City & State

BOCA RATON, FL

Zip

33487

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

FLORIDA/USA

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

**6. FEI Number**

911753953

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-05

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

Name

STEVEN SERLE, P.A.

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

6070 NORTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

BOCA RATON

State  
FL

Zip Code  
33437

**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

Date 2/\_\_\_\_/2005

**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 LANGEUDDECKE	C/O STEVEN SERLE, P.A.	BOCA RATON, FL-33487
		6070 NORTH FEDERAL HIGHWAY	

000046561120  
02/19/05--01007--016 \*\*300.00

**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 2/\_\_\_\_/2005

Daytime Phone # 561-912-3500

Typed or printed name of signing Managing Member/Manager

STEVEN SERLE FOR AXEL LANGEUDDECKE BY POWER OF ATTORNEY

CR2E041 (10/02)