

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000009565**

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Glenn E. Wood  
Secretary of State  
DIVISION OF CORPORATIONS

FILE STATE SECRETARY DIVISION OF CORPORATIONS

1. DOCUMENT # L01000009565

Name and Mailing Address

0003313 01 AT 0.292 \*\*AUTO T4 0 0615 32795-116262



GRAFIMEX IMPORT EXPORT, LLC  
P.O. BOX 951162  
LAKE MARY FL 32795-1162

03 DEC 29 PM 1:24

11/8/04



1028 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/08/2001	
Principal Place of Business 534 ALOKEE COURT LAKE MARY FL 32746	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3755439	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 VOIGT, PETO J 534 ALOKEE COURT LAKE MARY FL 32746	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 [Signature] **SIGNATURE REQUIRED** Date 10-21-03  
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
CEO	MAGUIRE, ILEANA	534 ALOKEE COURT	LAKE MARY FL 32746
			400024184044 10/28/03--01007--003 **50.00
			400024184044 12/29/03--01009--006 **100.00
<b>REINSTATEMENT 2003</b>			

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 10-21-02 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager Ileana Maguire