

Feb 16 2004 1:08 PM (407) 660-0808

APPROVE
AND
FILED
No. 6232 2/3

1063

L02000033745

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

04 FEB 16 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000033745

1. Limited Liability Company's Name
CITY COLOR IMAGING, LLC

REINSTATEMENT

2003-
2004

2. Principal Office Address 505 LAKE DESTINY DR. Suite, Apt. #, etc.		3. Mailing Office Address 1825 W. MOCKINGBIRD LN. Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State ORLANDO, FL		City & State DALLAS, TX		5. Date Organized or Qualified To Do Business in Florida 12/09/02	
Zip 32801	Country	Zip 75235-5012	Country	6. FEI Number 68-0535612	Applied For Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$500 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name PHILIP K. CALANDRINO, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 29 E. PINE ST.	
Suite, Apt. #, Etc.	
City ORLANDO	State FL
Zip Code 32801	

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 	Date 2-16-04
REGISTERED AGENT MUST SIGN	

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	SUMITRA GENTI	1825 W. MOCKINGBIRD LN.	DALLAS, TX 75235-5012
MGRM	KIRAN GENTI	1825 W. MOCKINGBIRD LN.	DALLAS, TX 75235-5012

JB
2-16-04

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 02/12/2004	Daytime Phone # (407) 660-0808
Typed or printed name of signing Managing Member/Manager KIRAN GENTI		

2063

Department of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 13, 2004

CITY COLOR IMAGING, LLC
7300 AMBASSADOR ROW
DALLAS, TX 75247

SUBJECT: CITY COLOR IMAGING, LLC
REF: L02000033745

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing coversheet.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

FAX Aud. #: H04000032114
Letter Number: 104A00009928

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Received Time Feb.13. 3:16PM

Feb 16, 2004 1:08PM

(407) 841-7282

No. 6232

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : PHILIP K. CALANDRINO, P.A.
Account Number : I20000000241
Phone : (407) 351-5775
Fax Number : (407) 351-5688

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LIMITED LIABILITY REINSTATEMENT

CITY COLOR IMAGING, LLC

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