


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L03000002928

1. Limited Liability Company's Name
PRINTERMAX, LLC

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

2. Principal Office Address 25 SE 2 AVE		3. Mailing Office Address 25 SE 2 AVE		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc. 410		Suite, Apt. #, etc. 410		5. Date Organized or Qualified To Do Business in Florida 01/24/2003	
City & State MIAMI, FL		City & State MIAMI, FL.		6. FEI Number 33-1070541	
Zip 33131-1510		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33131-1510		Country USA		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	
Name JOSE M VEGA	
Street Address (P.O. Box Number is Not Acceptable) 25 SE 2 AVE	
Suite, Apt. #, Etc. 410	
City MIAMI	State FL
	Zip Code 33131-1510

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 10-10-2006
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
MGR	MARIA L ROEHNER	11872 BENNETT STATE RD	SILVER CREEK, NY 14136
PRT	STELLA ANGULO	CARRERA 1 12A-23	BARRO,S MARCO COLOMBIA

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REINSTATEMENT 2005-2006

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 10-10-2006 Daytime Phone # 305-539-9050
Typed or printed name of signing Managing Member/Manager MARIA L ROEHNER	