

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05  
250.00

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 25 AM 9:12

DOCUMENT # L04000026795

1. Limited Liability Company's Name

NU GRAFFIKA LLC  
L04000026795

300086748113  
01/31/07--01011--005 \*\*250.00

CR2E041 (8/05)

2. Principal Office Address 2684 N. UNIVERSITY DR 3. Mailing Office Address 2684 N. UNIVERSITY DR

Suite, Apt. #, etc. -

Suite, Apt. #, etc. -

City & State SUNRISE

City & State SUNRISE

Zip 33322 Country USA

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4. State/Country of Formation  
FLORIDA - USA

5. Date Organized or Qualified To Do Business in Florida APR. 09-2004

6. FEI Number 550865014 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 MALGORZATA SOBCZAK

Street Address (P.O. Box Number is Not Acceptable) 6101 NW 54 LN

Suite, Apt. #, Etc. -

City TAMARAC

State FL Zip Code 33319

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 [Signature] REGISTERED AGENT MUST SIGN

Date 01-09-07

**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
MANAGING MEMBER	MALGORZATA SOBCZAK	6101 NW 54 LN	TAMARAC FL 33319
MANAGING MEMB.	CASIMIR SOBCZAK	6101 NW 54 LN	TAMARAC FL 33319
MANAGING MEMBER	SLAWOMIR BORSKI	5919 NW 55 LN	TAMARAC, FL. 33319
			05-06

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 [Signature]

Date 01-09-07 Daytime Phone # 954-7475092

Typed or printed name of signing Managing Member/Manager