


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000118932</b> 1. Entity Name <b>PRINT FINISHING SALES &amp; SERVICES, LLC</b>			
Principal Place of Business <b>4954 GARDINERS BAY CIRCLE SARASOTA, FL 34238</b>		Mailing Address <b>4954 GARDINERS BAY CIRCLE SARASOTA, FL 34238</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2007 APR 11 AM 10:48

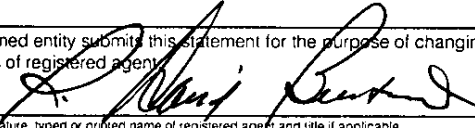
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



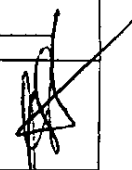
03232007 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>20-3963191</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>BUSTARD, R D 200 SOUTH ORANGE AVE. SARASOTA, FL 34236</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

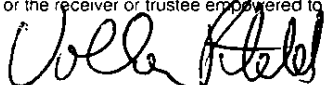
SIGNATURE  DATE **3/30/07**

Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b> 
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	<b>MGRM PETZOLD, VOLKER</b> <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100097214231</b>	
STREET ADDRESS	<b>4954 GARDINERS BAY CIRCLE</b>		STREET ADDRESS	<b>04/17/07--01036--009 **100.00</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>		CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<b>REINSTATEMENT 06-07</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **3-30-07** DAYTIME PHONE #: **941-927-5933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE