Jan. 31. 2013 10:46AM No. 1101 P. 23

H13000020100

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000102945

1. Limited Liability Company's Name
LITOGRAFIA Y TIPOGRAFIA IDEALES CA, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4420 NW 107 AVENUE		1625 MALCOM DRIVE	
Suite, Apt. #, etc. 301		Suite, Apt. #, etc.	
City & State DORAL, FL		City & State COLUMBIA, SC	
Zip 33178	Country USA	Zip 29204	Country USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida 09/08/2011

6. FEI Number 45-3193090 — 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
CAROLINA D. RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
4420 NW 107 AVENUE

Suite, Apt. #, Etc.
301

City: DORAL — State: FL — Zip Code: 33178

REINSTATEMENT

E-mail Address:
VILOROPA69@HOTMAIL.COM
(To be used for future annual report notices)

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 01/31/2013
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	VIRGINIA D. RODRIGUEZ	1625 MALCOM DRIVE	COLUMBIA, SC 29204
MGR	CAROLINA D. RODRIGUEZ	4420 NW 107 AVENUE, APT 301	DORAL, FL 33178
			B. BOSTICK
			FEB - 1 2013
			EXAMINER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 01/31/2013 Daytime Phone # 786-452-6349

Typed or printed name of signing Managing Member/Manager VIRGINIA D. RODRIGUEZ

H13000024007 3

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:
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Account Number : I20120000083
Phone : (305)593-0829
Fax Number : (305)593-8744

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Email Address: DLEVY@LEVY-GROUP.COM

LIMITED LIABILITY REINSTATEMENT
LITOGRAFIA Y TIPOGRAFIA IDEALES CA, L.L.C.

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