

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 11:02

DOCUMENT # L9900000444

1. Limited Liability Company's Name

COLGRAFICS L.L.C.

2. Principal Office Address

7706 Silvertree Trail #202

Suite, Apt. #, etc.

202

City & State

ORLANDO FLORIDA

Zip

32822

Country

U.S.A.

3. Mailing Office Address

7706 Silvertree Trail

Suite, Apt. #, etc.

202

City & State

ORLANDO FLORIDA

Zip

32822

Country

U.S.A.

4. State/Country of Formation

FLORIDA-USA

5. Date Organized or Qualified To Do Business in Florida

JULY 22/1999

6. FEI Number

65-0935805

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

JORGE BEJARANO

Name

7706 Silvertree Trail #202

Street Address (P.O. Box Number is Not Acceptable)

202

Suite, Apt. #, Etc.

ORLANDO

City

State

FL

Zip Code

32822

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 JORGE H BEJARANO C.

Date 10/10/00

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
Manager	Jorge Bejarano	7706 Silvertree Trail	Orlando-FL-32822

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 JORGE H BEJARANO

Date 10/10/00

Daytime Phone #

4072080131

Typed or printed name of signing Managing Member/Manager

Jorge Bejarano

CR2E041 (9/99)