


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**  
 01 NOV -9 PM 12:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000005927  
**1. Limited Liability Company's Name**  
 STARLINE GRAPHICS, L.L.C.

<b>2. Principal Office Address</b> c/o Steven Serle, P.A. Suite, Apt. #, etc. 6070 N. Federal Highway City & State Boca Raton, FL 33487 Zip 33487		<b>3. Mailing Office Address</b> c/o Steven Serle, P.A. Suite, Apt. #, etc. 6070 N. Federal Highway City & State Boca Raton, FL 33487 Zip 33487	
Country USA	Country USA	Country USA	Country USA

**4. State/Country of Formation**  
 Florida - USA

**5. Date Organized or Qualified To Do Business in Florida** 9/21/99

**6. FEJ Number**  
 ITIN - 911-75-3953  
 (see attached)

**7. CERTIFICATE OF STATUS DESIRED**  **\$5.00 Additional Fee required for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name  
 Steven Serle, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
 6070 N. Federal Highway

Suite, Apt. #, Etc.

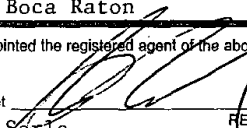
City  
 Boca Raton

State  
 FL

Zip Code  
 33487

**\$150.00**

**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  
  
 Steven Serle

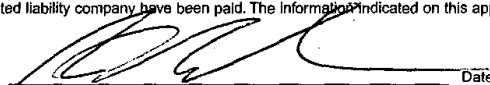
REGISTERED AGENT MUST SIGN

Date  
 October 31, 2001

**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
MGRM	Axel Langelluddecke	c/o Steven Serle, P.A. 6070 N. Federal Highway	Boca Raton, FL 33487
			600004724476--3 -12/13/01--01041--003 ***1950.00 ***150.00

**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  
  
 Steven Serle for Axel Langeleuddecke by Power of Attorney

Date  
 10/31/01

Daytime Phone #  
 561-912-3500

Typed or printed name of signing Managing Member/Manager

CR2E04 (9/01)