

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000005929		01 NOV 9 01 NOV 9 01 NOV 9	
1. Limited Liability Company's Name  GERMAN GRAPHICS, L.L.C.		SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address c/o Steven Serle, P.A. Suite, Apt. #, etc. 6070 N. Federal Highway City & State Boca Raton, FL Zip 33487		3. Mailing Office Address c/o Steven Serle, P.A. Suite, Apt. #, etc. 6070 N. Federal Highway City & State Boca Raton, FL Zip 33487	
4. State/Country of Formation Florida - USA		5. Date Organized or Qualified To Do Business in Florida 9/21/99	
6. FEI Number ITIN - 911-75-3953		Applied For Not Applicable	
7. (see attached) CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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			
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 000004724480--1 -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 Typed or printed name of signing Managing Member/Manager Date 10/31/01 Daytime Phone # 561-912-3500			

CR2E041 (9/01)