PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
01 DEC 17 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M00000001293

1. Limited Liability Company's Name
American Reprographics Company, LLC

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
700 N. Central Avenue	700 N. Central Avenue
Suite, Apt. #, etc.: 550	Suite, Apt. #, etc.: 550
City & State: Glendale, California	City & State: Glendale, California
Zip: 91203 Country: USA	Zip: 91203 Country: USA

4. State/Country of Formation: California, USA

5. Date Organized or Qualified To Do Business in Florida: 8-01-2000

6. FEI Number: 95-4657871 ☒ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with BARBARA A. BURKE obligations of Chapter 608, F.S.

Signature of Registered Agent: Barbara A Burke SPECIAL ASSISTANT SECRETARY Date: 12/4/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Title*	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM CEO	Sathiyamurthy Chandramohan	700 N. Central Avenue #550	Glendale, CA 91203
MGRM COO	Kumarakulasingam Suriyakumar	700 N. Central Avenue #550	Glendale, CA 91203
MGRM CFO	Mark W. Legg	700 N. Central Avenue #550	Glendale, CA 91203

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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: _____ Date: 12-10-01 Daytime Phone #: 818-500-0225

Typed or printed name of signing Managing Member/Manager: Mark W. Legg