

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** *W 1/17*  
01 JAN 11 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M99000000731

**1. Limited Liability Company's Name**

Arcar Graphics, LLC

**2. Principal Office Address**

450 Wegner Drive

Suite, Apt. #, etc.

City & State

West Chicago, IL

Zip

60185

Country

USA

**3. Mailing Office Address**

4600 Arrowhead Drive

Suite, Apt. #, etc.

City & State

Ann Arbor, MI

Zip

48105

Country

USA

**4. State/Country of Formation**

Delaware

**5. Date Organized or Qualified  
To Do Business in Florida**

4/3/96

**6. FEI Number**

36-4074005

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

**\$500 Additional Fee required  
for a Certificate of Status**

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

Name

Corporation Service Company

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

1201 Hays

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**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

**BRIAN COURTNEY, ASST. V.P.**

REGISTERED AGENT MUST SIGN

Date

1/10/2001

**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	Flint Ink North America Corp.	4600 Arrowhead Drive	Ann Arbor, MI 48105

**REINSTATEMENT** 2000

**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 12/28/00

Daytime Phone# 734-622-6000

Typed or printed name of signing Managing Member/Manager

Lawrence E. King