

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL -5 AM 8:41

DOCUMENT # M99000002098

1. Limited Liability Company's Name

DEGUSSA TEXTURANT SYSTEMS US, LLC

500077379305

07/12/06--01011--005 **250.00

CR2E041 (8/05)

2. Principal Office Address

15407 MC GINTY RD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 5626

Suite, Apt. #, etc.

City & State

WAYZATA, MN

City & State

MN

Zip

55391

Country

Zip

55440

Country

State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

12/29/1999

6. FEI Number

23-3022085

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 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date PLANTATION

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
MGR	JANICE BAUERNFIEND	15407 MC GINTY RD	WAYZATA, MN 55391

REINSTATEMENT 04-06

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

James R. Clemens

Date 06/21/06

Daytime Phone # 952-742-6545

Typed or printed name of signing Managing Member/Manager JAMES R. CLEMENS