


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000118932 1. Entity Name PRINT FINISHING SALES & SERVICES, LLC			
Principal Place of Business 4954 GARDINERS BAY CIRCLE SARASOTA, FL 34238		Mailing Address 4954 GARDINERS BAY CIRCLE SARASOTA, FL 34238	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2007 APR 11 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



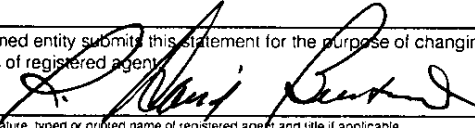
03232007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-3963191	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

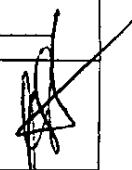
5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent BUSTARD, R D 200 SOUTH ORANGE AVE. SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

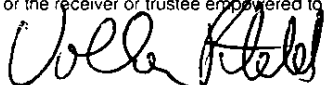
SIGNATURE  DATE **3/30/07**

Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State 
------------------------------------	--	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETZOLD, VOLKER 4954 GARDINERS BAY CIRCLE SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 18pt; font-weight: bold;">100097214231</div> 04/17/07--01036--009 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 24pt; font-weight: bold;">REINSTATEMENT</div> 06-07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **3-30-07** DAYTIME PHONE #: **941-927-5933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE