

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 18 PM 4:31

DOCUMENT# **P03000015747**
1. Corporation Name
THE COLORS OF SOUTH FLORIDA CORP.

2. Principal Office Address 22446 SW 66TH AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 22446 SW 66TH AVENUE Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33428	Country US	Zip 33428	Country US

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida 02/04/2003	
5. FEI Number 42-1575984	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1261 E SAMPLE ROAD

Suite, Apt. #, Etc.

City
POMPANO BEACH

State
FL

Zip Code
33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Sewarda Lela* **DIRECTOR** Date **01/07/05**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JAIR MENEZES	22446 SW 66TH AVENUE	BOCA RATON, FL 33428

000045030580
01/19/05--01047--012 **300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 1 19.07(3)(1), F.S. 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: *Jair Menezes* **JAIR MENEZES** **01/07/05** **(954) 274-4840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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FLORIDA DEPARTMENT OF STATE
Division of Corporation
2004 Uniform Business Report (UBR)
P.O. Box 6327
Tallahassee, FL 32314

P03000015747

THE COLORS OF SOUTH FLORIDA CORP.

To Whom It May Concern:

This letter is to inform you that the corporation mentioned above has been made inactive for non-payment of the Annual Report which had a deadline of 05/01/2004.

Unfortunately, I do not have anything in file, and I do not remember receiving notice of our obligation to file an annual report. As a result of this misunderstanding I was unaware of my corporation becoming inactive. I now want to reinstate it, but I am asking that the reinstatement fee be waived. Along with this letter I am including a check of \$300.00 for the 2004 and 2005 Business Annual Report.

Thank you for your attention, should you have any questions please do not hesitate to contact me using the information listed below.

Sincerely,



THE COLORS OF SOUTH FLORIDA CORP.

Jair Menezes - President
22446 SW 66th Avenue
Boca Raton, FL 33428
Phone: (954) 274-4840