

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

10 JUN -3 PM 1:41

DOCUMENT # LC3600015061

1. Limited Liability Company's Name

Chroma Paper, LLC.

2. Principal Office Address - No P.O. Box #

7258 N.W. 66 Street

Suite, Apt. #, etc.

3. Mailing Office Address

7258 N.W. 66 Street

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33166

Country

USA.

Zip

33166

Country

USA.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

611452436

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

Juan D. Garrido

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

7258 NW 66th Street

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33166

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

400180496724  
05/25/10--01009--013 \*\*\$55.00

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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
Mgmn	Havensight Management Ltd.	P.O. Box 146	Tortola, British Virgin Isl.

REINSTATEMENT 2007 - 2010

11. E-mail Address: admin@garridobusa.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date

5/3/10

Daytime Phone #

305-588-4119.

Typed or printed name of signing Managing Member/Manager

T. Hampton JUN - 4 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JUN -3 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 26, 2010

CHROMA PAPER, LLC  
7258 NW 66 ST  
MIAMI, FL 33166

SUBJECT: CHROMA PAPER, LLC  
Ref. Number: L03000015061

We have received your document for CHROMA PAPER, LLC and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 610A00013309



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 MAY 25 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 12, 2010

CHROMA PAPER, LLC  
7258 NW 66 ST  
MIAMI, FL 33166

SUBJECT: CHROMA PAPER, LLC  
Ref. Number: L03000015061

We have received your document for CHROMA PAPER, LLC and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$555.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 210A00012024