

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN -3 PM 1:41

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # Lo3600015061

1. Limited Liability Company's Name
Chroma Paper, LLC.

400180496724
05/06/10--01034--007 **100.00
CR2E041 (1/09)

2. Principal Office Address - No P.O. Box # <u>7258 N.W 66 Street</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>7258 N.W 66 Street</u> Suite, Apt. #, etc.	
City & State <u>Miami, FL.</u>		City & State <u>Miami, FL.</u>	
Zip <u>33166</u>	Country <u>USA.</u>	Zip <u>33166</u>	Country <u>USA.</u>

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 N.W 66th Street

Suite, Apt. #, Etc.

City
Miami,

State <u>FL</u>	Zip Code <u>33166</u>
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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 **555.00

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
<u>Mgrm</u>	<u>Havensight Management Ltd.</u>	<u>P.O. Box 146</u>	<u>Tortola, British Virgin Isl.</u>

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 _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN -3 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 26, 2010

CHRIMA 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