PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Katheri Secretar	RTMENT OF STATE ne Harris ry of State corporations		_	FILED 16 25 PH	l: 32
DOCUMENT # 471642 1. Corporation Name ARTI-COLOR, TUC.			SECRETARY OF STATE TALEAHASSEE FEORIDA			
2. Principal Office Address 4833 SW 75 AVE Suite, Apt. #, etc.	3. Mailing Office Address 4800 9	873 SW 45 AVE.		TATEN	HEIGH.	1-0
City & State MIAMI , FL. Zip Country	City & State MIAMI, FL Zip Country		5. FEI Number 59 - 1	- IS82367 Not Applicable		
33155 USA	33155	USA	CERTIFICATE OF	STATUS DESIRED		Icate of Status
Name NORMAN Street Address (P.O. Box Number is No. 13300 S Suite, Apt. #, Etc. City MIAMI	R. MORI		50	***1200	0001028- 0.00 ***)	
8. I, being appointed the registered agent of the above Signature of Registered AgentRE	CISTERED AGENT MUST	TSIGN	bligations of section (<u> </u>	503, F.S.	,
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at le Name of Street Address of Each Officer and/or Director			City / State / Zin			
Officers and/or Directors	KEYON 1	Officer and/or Director 13300 SW 49 ST. 13175 1311 SW 103 AVE MIAMI, FL,33165		, and the last		
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						KE
10. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissoved by the corporation have been paid and the on this application is true and accurate, and my signature:	olution has been eliminated annes of individuals listed ignature shall have the san	on this form do not qualify for ne legal effect as if made undi	en exemption under ser cath.	er 607 or 617, F.S. section 607.0401 of section 119.07(3)(i)), F.S. The informa	S696