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(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

TO: **Registration Section Division of Corporations**

COLORCOM SYSTEMS CORP. (Name of corporation - must include suffix) SUBJECT:

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Name of Person) at (239, 54-2 - 5502 (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section **Division of Corporations** 409 E. Gaines St. Tallahassee, FL 32399

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee

X \$78.75 Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certified Copy

□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS: **Registration Section Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. <u>COLORCOM SYSTEMS CORP.</u>
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>NELAWARE</u> 3. <u>ZZ-Z995655</u>
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. <u>9/5/1989</u> <u>5. PERPETUAL</u>
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. <u>2804 S. DEL PRADO BLVD #204 CAPE CORAL FL</u> . (Principal office address) <u>33904</u>
2804 S. DELPRADO RUN #204 CAPE CORAL FL33904
(Current mailing address)
8 RESELLER (HOME DECORATING)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: DENNIS GARDNER
Office Address: 2804 S. NEL PRADO BLVD, #204 3
CAPE CORAL, Florida 33904
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

С С

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

	DENNIS GARDNER
	2804 S. DEL PRADO BLUD. STE. 204
	CAPE CORAL FL 33904
	RITA CHRISTENSEN
	2804 S. DEL PRADO BLVD STE. 204
	CAPECORAL FL 33904
	KATHY GRAMMER
Address:	2804 S. DEL PRADO BLVD STE. 204
	CAPE CORAL FL 33904
Director:	
B. OFFICERS	
	DENNIS GARDNER
	2804 S. DEL PRADO BLVD. STE. 204
	CAPE CORAL FL 33904
	RITA CHRISTENSEN
Address:	2804 S. DEL PRADO BLVD STE. 204
	CAPE CORAL, FL 33904
	KATHY GRAMMER
Address:	2804 S. DEL PRADO BLVD STE 204 CAPE CORAL FL.
Treasurer:	KATHY GRAMMER
Address:	2804 S. DEL PRADO BLVD, STE 204 CAPE CORAL FL.
NOTE: If nece	ssary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Director or Other listed in number 12 of the application)
	(Signature of Director or Officer listed in number 12 of the application)

Officer listed in number 12 of the application) (Signature of Director or

(Typed or printed name and capacity of person signing application) 14. _____

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLORCOM SYSTEMS CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLORCOM SYSTEMS CORPORATION" WAS INCORPORATED ON THE FIFTH DAY OF SEPTEMBER, A.D. 1989.



2206792 8300 040050397 Darriet Smith Windson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2888628

DATE: 01-23-04