

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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DOCUMENT # F99000003428

## 1. Corporation Name

COLOR My WORLD, INC.

## 2. Principal Office Address

1926 VICTORIA AVE.

## 3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

FT. MYERS, FL

City &amp; State

Zip

33901

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY 1, 1999

## 5. FEI Number

65-0924195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

SUZANNE DURET

400004621424-9

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

1926 VICTORIA AVE.

-10703701--01029--027

\*\*\*\*750.00 \*\*\*\*750.00

Suite, Apt. #, Etc.

City

FT. MYERS

State

FL

Zip Code

33901

## 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

REGISTERED AGENT MUST SIGN

Date Sept. 26, 2001

## 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
SECR. TREAS.	GARY ROBINSON	1926 VICTORIA AVE.	FT. MYERS, FL 33901
PRES.	SUZANNE DURET	1926 VICTORIA AVE.	FT. MYERS, FL 33901

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 119.07(3)(i), 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:

SUZANNE DURET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-404-4408

Daytime Phone #