

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 28 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

107547

1. Corporation Name

COLOR CORPORATION OF AMERICA

2. Principal Office Address

5410 WEST LAUREL

Suite, Apt. #, etc.

3. Mailing Office Address

2711 MIAMI STREET

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

ST. LOUIS, MISSOURI

Zip

33607

Country

Zip

63118

Country

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER, 1987

5. FEI Number

59-2860262

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

ELIZABETH A. GOULD

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

5410 WEST LAUREL

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code
33607

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 1/24/03

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
PRES.	ELIZABETH A. GOULD	2 ADALIA UNIT 901	TAMPA, FL 33606
SEC.	MARGARET E. KLEINKEMPER	1149 SCOTT AVE.	ST. LOUIS, MO 63138

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET E. KLEINKEMPER

1/24/03
Date

314-773-1744
Daytime Phone #

CR2E081 (10/02)