

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000005254
JIM SMITH
DIVISION OF CORPORATIONS

FILED

02 NOV -11 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005254

Name and Mailing Address

0001716 01 FP 0.352 **PRSRT T6 0 0615 33125-401496



GAMMACOLOR LLC
3496 N.W. 7TH STREET
MIAMI FL 33125-4014



2. New Mailing Address 3420 NW 7 St City, State, Zip Miami, FL 33125		4. State/Country of Formation FL	
Principal Place of Business 3496 N.W. 7TH STREET MIAMI FL 33125		5. Date Organized or Qualified To Do Business in Florida 04/04/2001	
3. New Principal Place of Business Address 3420 NW 7 St City, State, Zip Miami, FL 33125		6. FEI Number 06-1618283 Applied For Not Applicable	
8. Name and Address of Current Registered Agent DE LA CRUZ, LUIS F JR. 241 SEVILLA AVE. STE 805 CORAL GABLES FL 33134		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: Wilfredo Montejó Street Address (P.O. Box Number is Not Acceptable): 3420 NW 7 St City: Miami, FL Zip Code: 33125			
10. 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: 10/31/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MONTEJO, WILFREDO	3496 N.W. 7TH STREET	MIAMI FL 33125
MGRM	MONTEJO, BARBARA	3496 N.W. 7TH STREET	MIAMI FL 33125
800008759738 11/01/02--01072--001 **150.00			
REINSTATEMENT [Signature]			

CR2E084 (8/02)

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

Date: 10/31/02

Daytime Phone # 305 649 3312

Typed or printed name of signing Managing Member/Manager