

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 17 AM 9:40

DOCUMENT # L01000016509

1. Limited Liability Company's Name
COLOR FASHIONS, LLC

2. Principal Office Address
3090 THAMES WAY

Suite, Apt. #, etc.

City & State
MIRAMAR, FL

Zip
33025

Country
USA

3. Mailing Office Address
3090 THAMES WAY

Suite, Apt. #, etc.

City & State
MIRAMAR, FL

Zip
33025

Country
USA

4. State/Country of Formation
FLORIDA/ US

**5. Date Organized or Qualified
To Do Business in Florida** 09/25/2001

6. FEI Number 65-1116003

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ANGELIQUE TERRELONGE

Street Address (P.O. Box Number is Not Acceptable)
3090 THAMES WAY

Suite, Apt. #, Etc.

City
MIRAMAR

100047425231
03/01/05--01004--024 ***30.00
State Zip Code
FL 33025

9. 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

Angeline Terrelonge
REGISTERED AGENT MUST SIGN

Date 2/16/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	ANGELIQUE TERRELONGE	3090 THAMES WAY	MIRAMAR, FL 33025
TRES	DENISE ROBERTS-LOWE	1921 SW 179TH AVE.	MIRAMAR, FL 33029
SECR.	DEANNA TERRELONGE	8132 NW 191ST	MIAMI, FL 33015

REINSTATEMENT 02-05

11. 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

Angeline Terrelonge
ANGELIQUE TERRELONGE

Date 2/15/2005

Daytime Phone # 954-394-2214

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)