

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 24 PM 1:42

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L90588

1. Corporation Name

COLOR MATRIX, INC.

2. Principal Office Address

6167 WINDLASS CIRCLE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33437

Country

US

3. Mailing Office Address

6167 WINDLASS CIRCLE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33437

Country

US

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1990

5. FEI Number

593028173

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

PAUL N REYNOLDS

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

6167 WINDLASS CIRCLE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33437

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

Paul N Reynolds

REGISTERED AGENT MUST SIGN

Date

8-22-06

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
D	PAUL N REYNOLDS	6167 WINDLASS CIRCLE	BOYNTON BEACH, FL 33437

400079215684
08/29/06--01023--013 **450.00

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 contained in Chapter 119, 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:

Paul N Reynolds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-22-06

Daytime Phone #

561-719-9595

2 of 2

Paul N Reynolds- L90588

Color Matrix, Inc.

08-03-06

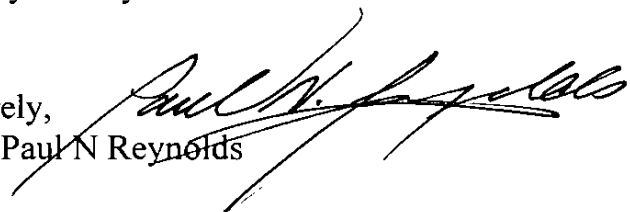
To whom it may concern,

I am enclosing my reinstatement form for my corporation. I never received the renewal notification for my corporation. The instructions for reinstatement indicate that if I did not receive notice, to put this in writing and the reinstatement fee would be waived.

Thank you for your assistance in this matter.

Sincerely,

Paul N Reynolds

A handwritten signature in black ink, appearing to read "Paul N Reynolds", is written over the printed name. The signature is stylized with a large, sweeping initial "P" and a long, horizontal stroke extending to the right.