PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR -6 PM 1:35

DOCUMENT # N03000007312

1. Corporation Name

Arts of Color Productions, Inc.

700148821647
04/06/09--01045--025 **245.00

REINSTATEMENT 06-09 KS

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
320 S. Flamingo Rd	same as Principal
Suite, Apt. #, etc. $ # 298	Suite, Apt. #, etc.
City & State Pembroke Pines FL	City & State
Zip 33027 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 8/25/03

5. FEI Number 43-2026237 ☒ 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: Maeva Renaud

Street Address (P.O. Box Number is Not Acceptable): 320 S. Flamingo Rd

Suite, Apt. #, Etc.: #298

City: Pembroke Pines | State: FL | Zip Code: 33027

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

2006, 2007, 2008, 2009

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 _____ Date 4/1/09

REGISTERED AGENT MUST SIGN

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
P	Maeva Renaud	320 S Flamingo Rd #298	Pembroke Pines, FL 33027
BM	Theresa Johnson	P.O. Box 63	McDonough, GA 30253
BM	Benny Salas	17220 NW 64th AVE #313	Hialeah, FL 33015

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: _____ Maeva Renaud President 4/1/09 305-297-9247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #