

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116180

1. Corporation Name

NATIONAL COLOR CARD, INC.

Principal Place of Business

6818 NW 20TH AVE
FT LAUDERDALE FL 33309

Mailing Address

6818 NW 20TH AVE
FT LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~6818 NW 20TH AVE~~
1181 S. Rogers Circle

3. New Mailing Office Address, If Applicable

~~6818 NW 20TH AVE~~
SAME

Suite, Apt. #, etc.

#21

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33487 USA

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D, P	HORGAN, KENNETH W	6818 NW 20TH AVE 1181 S. Rogers Circle #21	FT LAUDERDALE FL 33309 Boca Raton, FL 33487
D	HORGAN, DENISE	6818 NW 20TH AVE	FT LAUDERDALE FL 33309
D	BURLEW, TODD C	6818 NW 20TH AVE	FT LAUDERDALE FL 33309

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-12-03

11. 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:

Kenneth W. Horgan

11-13-03

561-

997-1229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



1181 South Rogers Circle #21, Boca Raton, FL 33487
phone 561.997.1229 fax 561.997.1239

November 12, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstating National Color Card Inc FEI# 65-1074339

To Whom It May Concern:

I am enclosing an application for reinstatement for National Color Card, Inc. along with certified funds for \$150.00. The dissolution of corporation form was received at our PO box approximately 2 weeks ago. The company was formerly located in Fort Lauderdale, Broward County. Through some difficult times and restructuring the business we have relocated to Boca Raton, Palm Beach County.

The ownership has changed, from three partners to myself. I have searched through the records that we have and I have found no record of filing for May 1, 2003 nor do I find the blank application. I am asking that the reinstatement fee be waived and that this corporation be reinstated.

Your consideration is appreciated, as we are working very hard to make the corporation profitable and successful again.

Regards,

A handwritten signature in black ink, appearing to read "Ken Horgan".

Ken Horgan
President
National Color Card
561 997 1229- phone
561 997 1239- fax