

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000024137

1. Corporation Name

COLOR WAY INC.

2. Principal Office Address

7150 NW 37TH AVE

3. Mailing Office Address

7150 NW 37TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

US

Zip

33147

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/01

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05-19-02 90036 021 \$150.00

7. Name and Address of Current Registered Agent

Name

KURULKAR, BEN HOR

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

7150 NW 37TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33147

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/11/02

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	KURULKAR, BEN HOR	7150 NW 37TH AVENUE	MIAMI, FL 33147

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/02

Daytime Phone #

CR2E081 (9/01)

**COLOR WAY INC.
7150 NW 37TH AVE
MIAMI, FL 33147**

December 11, 2002

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.-BOX 6327
TALLAHASSEE, FL 32314**

Re Number : P01000024137

To whom it may concern

We are writing this letter to inform you that we never received any letter from you about any missing information. We had send the Ubr with a check of \$ 150. back in April 2002 and we thought all was well, until we checked recently on the internet that the corporation was dissolved.
We would appreciate if you can reactive our corporation as soon as possible.

Sincerely



Kurulkar Ben Hor