

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 28 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
KOOL KOLORS, INC.

11851 SW 18TH STREET
11851 SW 18TH STREET

2. Principal Office Address
11851 SW 18TH STREET

Suite, Apt. #, etc.
SUITE 2

City & State
MIAMI FL

Zip
33175

Country

3. Mailing Office Address
11851 SW 18TH STREET

Suite, Apt. #, etc.
SUITE 2

City & State
MIAMI FL

Zip
33175

Country

4. Date Incorporated or Qualified To Do Business in Florida 03-16-2001

5. FEI Number
65-1088156

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
MAYRA PORRO

Street Address (P.O. Box Number is Not Acceptable)
11851 SW 18TH STREET

Suite, Apt. #, Etc.
SUITE 2

City
MIAMI

State
FL

Zip Code
33175

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 10-27-2004

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
PD	PORRO, MAYRA	11851 SW 18TH STREET STE 2	MIAMI FL 33175
			200042292642 10/28/04--01068--001 **500.00
			200042292642 10/28/04--01068--002 **500.00
			200042292642 10/28/04--01068--003 **500.00

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 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:

MAYRA PORRO

10-27-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CA2E081 (01/04)