

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000024560

1. Corporation Name

ALL COLORS, INC.

Principal Place of Business

15435 SOUTHWEST 36TH TERRACE
MIAMI FL 33185

Mailing Address

15435 SOUTHWEST 36TH TERRACE
MIAMI FL 33185

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2002

5. FEI Number

02-0562786

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	AMADOR, ONAN	15435 SOUTHWEST 36TH TERRACE	MIAMI FL 33185
SVD	IRIZARRY, GERARDO	15435 SOUTHWEST 36TH TERRACE	MIAMI FL 33185

200023751842
10/13/03--01073--017 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ONAN AMADOR

Date

10/10/03

Daytime Phone #

CR2E040 (7/03)

October 10, 2003

Attn: Florida Department of State

Ref: Document Number P02000024560

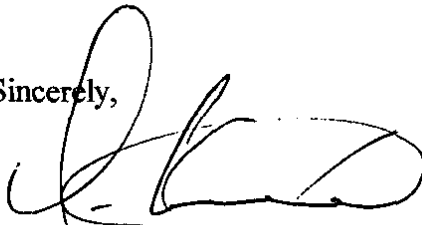
TO WHOM IT MAY CONCERN:

The following is to kindly request the waive of a reinstatement fee of our corporation since we did not receive the two prior uniform business report (UBR) notices.

I have attached the completed application for reinstatement and the fee to file the report without a penalty for \$150.00.

We greatly appreciate your attention to this request and thank you in advance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Onan Amador', with a large, stylized loop at the end.

Onan Amador
President
All Colors, Inc.