

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 OCT 16 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050643

1. Corporation Name

NEW COLOURS, INC.

Principal Place of Business

5140 NORWOOD AVE  
JACKSONVILLE FL 32208

Mailing Address

5140 NORWOOD AVE  
JACKSONVILLE FL 32208

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

05/06/2002

5. FEI Number

62-1723782

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
D	ANKI, VICTOR I	5238-1 NORWOOD AVE	JACKSONVILLE FL 32208
D	ANKI, RAMEZ	5238-1 NORWOOD AVE	JACKSONVILLE FL 32208

800023862358

10/16/03--01084--010 \*\*150.00

8. Name and Address of Current Registered Agent

ANKI, VICTOR I  
598 GULFSTREAM TRAIL S  
ORANGE PARK FL 32073

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 10/10/2003

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.

VICTOR I. ANKI

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/2003

(904) 766-7500

CR2E040 (7/03)

# NEW COLOURS, INC.

October 10, 2003

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

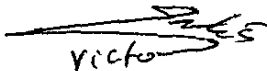
RE: Corporation Name: New Colours, Inc.  
Document Number: P02000050643

Enclosed please find a completed application for reinstatement along with the appropriate UBR filing fee for the above referenced corporation.

This letter is attached per instruction in order to return the above referenced corporation to "active" status. The two prior uniform business report (UBR) notices were not received by us and consequently were not filed as required with the Department of State.

Due to the circumstances of our not receiving and filing the required UBR annual report, we respectfully request that our corporation be returned to an "active" status and all penalties resulting from the non-filing of this report be abated and removed from our account.

Sincerely,

A handwritten signature in black ink, appearing to read "Victor I. Anki", with a stylized flourish at the end.

Victor I. Anki  
President/Registered Agent

5140 NORWOOD AVENUE • JACKSONVILLE, FL • 32208  
PHONE: (904) 766-7500 • FAX: (904) 766-9111