

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 25 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123175

1. Corporation Name

WORLD COLOR PAINTING INC

2. Principal Office Address - No P.O. Box #  
735 FLAGAMI BLVD

3. Mailing Office Address  
735 FLAGAMI BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI FLORIDA

City & State  
MIAMI FLORIDA

Zip Country  
33144 USA

Zip Country  
33144 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11-19-2002

5. FEI Number 02-0670689 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  
MELVIN TROCHEZ

Street Address (P.O. Box Number is Not Acceptable) 735 FLAGAMI BLVD

Suite, Apt. #, Etc.

City State Zip Code  
MIAMI FL 33144

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 *X Melvin Trochez*  
REGISTERED AGENT MUST SIGN

Date 10-18-2007

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	MELVIN TROCHEZ	735 FLAGAMI BLVD	MIAMI FL 33144
			700111493937 10/30/07--01031--011 **500.00
			700111493937 10/30/07--01031--012 **250.00
			700111493937 10/30/07--01031--013 **300.00
			700111493937 10/30/07--01031--014 **300.00

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 contained in Chapter 119, 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: *X Melvin Trochez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-2007

Date

305- 300 0927

Daytime Phone #