

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000009920

1. Corporation Name

Smart Color Inc

2. Principal Office Address - No P.O. Box #

1800 East 3rd Ave

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33010

Country

USA

3. Mailing Office Address

1800 East 3rd Ave

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33010

Country

USA

7. Name and Address of Current Registered Agent

Name

John A Lopez

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

1800 East 3rd Ave

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

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

John A Lopez

REGISTERED AGENT MUST SIGN

Date 10/28/2009

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
PSTD	John A Lopez	1800 East 3rd Ave	Hialeah, FL 33010

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:

John A Lopez

John A Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/2009

Date

786-210-0909

Daytime Phone #

FILED

09 NOV -2 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800162399828
11/02/09--01045--011 **300.00

REINSTATEMENT
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 01/12/2004

5. FEI Number
20-0622440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.