


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0400018276 1. Entity Name Y.A. COLORS INC.						FILED 08 DEC -4 AM 11:01 COUNTY OF ST. LUCAS TALLAHASSEE, FLORIDA	
Principal Place of Business 3006 QUATUM LAKE DRIVE BOYNTON BEACH, FL 33426				Mailing Address 3006 QUATUM LAKE DRIVE BOYNTON BEACH, FL 33426			
2. Principal Place of Business - No P.O. Box # 100 Via Lugano Circle		3. Mailing Address 100 Via Lugano Circle					
Suite, Apt. #, etc. Apt. 104		Suite, Apt. #, etc. Apt. 104					
City & State Boynton Beach, FL		City & State Boynton Beach, FL					
Zip 33436		Country USA		Zip 33436		Country USA	
4. FEI Number 20-0642152				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FALCONES, FREDDY 3006 QUATUM LAKE DRIVE BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 Via Lugano Circle Apt. 104 City Boynton Beach FL Zip Code 33436			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Freddy Falcones <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P NAME FALCONES, FREDDY <input type="checkbox"/> Delete STREET ADDRESS 3006 QUATUM LAKE DRIVE CITY-ST-ZIP BOYNTON BEACH, FL 33426				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100 Via Lugano Circle, Apt. 104 STREET ADDRESS Boynton Beach, FL 33436 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 400138442834 STREET ADDRESS 12/04/08--01040--010 **150.00 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Freddy Falcones <small>Date</small>			
_____ <small>Daytime Phone #</small>				11/21/08 954-444-7233			

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