

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000144260

1. Entity Name  
COLORRIFIC SERVICE, CORP.



FILED

08 OCT 22 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6634 32ND AVE. S  
TAMPA, FL 33619 US

Mailing Address  
6634 32ND AVE. S  
TAMPA, FL 33619 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2008  
10142008 REIN P CR2E098 1/074

4. FEI Number  
20-1773227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANABRIA, ANTONIO  
6634 32ND AVE. S  
TAMPA, FL FL

Name -

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete  
NAME SANABRIA, ANTONIO  
STREET ADDRESS 6634 32ND AVE. S  
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800137165868  
CITY-ST-ZIP 10/22/08--01024--008 \*\*150.00

TITLE S/T ☐ Delete  
NAME SANABRIA, BERTALINA  
STREET ADDRESS 6634 32ND AVE. S  
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #