PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DOCUMENT # 1. Corporation Name	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS 0500083669		2008 OCT 30 AM 10: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name Color Solution of 2. Principal Office Address - No P.O. Box # 325 Gardner Dr. Suite, Apt. #, etc. City & State Fort Walton Bch.Fc. Zip Country 3254 y Country	3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	5. FEI Number 20 - 29 6.	CR2E081 (10/08) orated or Qualified ess in Florida Applied For Not Applicable OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Tatricia Tavar Mares Street Address (P.O. Bax Number is Not Acceptable) Suite, Apt. #, Etc. City To Walton State FL 32548		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.	
Signature of Registered Agent	we named corporation, am familiar with and accept the ob-	oligations of sectio	n 607.0505 or 617.0503, F.S. Date 10-27-06
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at lea	····	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
P Patricio Tovar	Noves 325 Gardner	Dr. 10230	Fort Walton F632541
	R	EINS	TATEMENT
	10/24/08 010	4600	4 \$150.00
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #			