


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED 08 JUN 27 PM 1:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P06000064064</u>					
1. Corporation Name <u>Taka Color Corporation</u>					
2. Principal Office Address - No P.O. Box # <u>2401 S.W. 31st Street</u>		3. Mailing Office Address <u>115 N.W. 109th Avenue</u>			
Suite, Apt. #, etc. <u>(Bay H9)</u>		Suite, Apt. #, etc. <u>Apt 101</u>			
City & State <u>Hallandale Florida</u>		City & State <u>Pembroke Pines FL</u>			
Zip <u>33009</u>	Country <u>USA</u>	Zip <u>33026</u>	Country <u>USA</u>		
4. Date Incorporated or Qualified To Do Business in Florida <u>05-02-08 90148 039 \$150.00</u> <u>500128343005</u> <u>05/02/08--01042--016 **150.00</u> <b>REINSTATEMENT</b> <u>07-08</u>					
5. FEI Number <u>20-4866505</u> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>					
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name <u>Roberto W. Alarcon</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>115 NW 109th Ave. # 101</u>					
Suite, Apt. #, Etc. 					
City <u>Pembroke Pines</u>			State <u>FL</u>	Zip Code <u>33026</u>	
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 <u>[Signature]</u>				Date <u>04/29/08</u>	
REGISTERED AGENT MUST SIGN					
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		
DPT	Roberto W. Alarcon	115 N.W. 109th Ave. Apt 101	Pembroke Pines, FL 33026		
VP	Elizabeth H. Chinen	115 N.W. 109th Ave. Apt 101	Pembroke Pines FL 33026		
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: <u>[Signature]</u>				Date <u>04/29/08</u> Daytime Phone # <u>754-244-5368</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					