

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010933

1. Corporation Name

ALL IN COLORS, INC.
11990 SW 94 CT
MIAMI FL 33176

2. Principal Office Address

SAME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/92

5. FEI Number

65-0374391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARILYN WIEN

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

11990 SW 94 CT

500003386205-8

-09/08/00-01008-013

****300.00 ****300.00

Suite, Apt. #, Etc.

City

MIAMI FL

State
FL

Zip Code

33176

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

✓ Marilyn Wien

REGISTERED AGENT MUST SIGN

Date ✓ 8/10/00

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

P.D. MARILYN WIEN 11990 SW 94 CT MIAMI FL 33176

KE

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 under section 119.07(3)(i), 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:

✓ Marilyn Wien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

✓ 8/10/00

Daytime Phone #

✓ 305-3781470

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All in Colors, Inc.
11990 SW 94 Ct.
Miami, FL 33176

Tuesday, August 08, 2000

Department of State
Annual Report filings
Division of Corporations
PO. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

I hereby request a waiver of the penalties imposed for late filing of the 1999 and 2000 annual report.

During the year 1999 I was severally ill with Bronchiectasis and was hospitalized many times during the year. I do not recall receiving the annual report for the company, however, because of my illness the person who was handling my business matters for me could have neglected it.

Based on the forgoing I would appreciate if you can waive the penalty and I am enclosed a check for \$300 along with a reinstatement form.

Sincerely,

Marilyn Wien

Marilyn Wien, Pres.