

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000002437**

1. Corporation Name

FOUR COLOR INDUSTRIES, INC.

Principal Place of Business

**21506 RED BAY RD.
BOCA RATON FL 33433**

Mailing Address

**P.O. BOX 4155
DEERFIELD BEACH FL 33442**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Spector, Levine & Zimmerman

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

515 E. Las Olas Blvd. #1020

Ft. Lauderdale, Florida

City & State

Zip

33301

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1993

5. FEI Number

65-0397000

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	ZIMMERMAN, KENT	21506 RED BAY RD.	BOCA RATON FL 33433
V	Zimmerman, Robert Esq.	515 E. Las Olas Blvd-Ste.1020	Ft. Lauderdale, Fl. 33301

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-01/14/98--01116--002

*****900.00 ***900.00**

01-13-98

8. Name and Address of Current Registered Agent

~~ZIMMERMAN, KENT~~
~~21506 RED BAY RD.~~
~~BOCA RATON FL 33433~~

9. Name and Address of New Registered Agent

Name **Zimmerman, Robert, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
515 E. Las Olas Blvd.

Suite, Apt. #, Etc.
1020

City

Ft. Lauderdale

State

FL

Zip Code

33301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **1-11-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for Information
on Intangible tax.)

12. 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)(l), 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]

Robert ZIMMERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-98

Date

954-764-2909

Daytime Phone #

CP2E040 (8/97)