

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000005987

1. Corporation Name

COLORWORKS, INC.

Principal Place of Business

2139 UNIVERSITY DRIVE
#373
CORAL SPRINGS FL 33071

Mailing Address

P OB OX 771118
CORAL SPRINGS FL 33077

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1993

5. FEI Number

65-0380533

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	STERN, MARCIE	10163 VESTAL COURT	CORAL SPRINGS FL

4000088790944
11/04/02--01101--010 **150.00

8. Name and Address of Current Registered Agent

STERN, MARCIE
10163 VESTAL COURT
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Marcie Stern
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

11. 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:

Marcie Stern
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marcie Stern Pres. 10/31/02 (954) 755-9100

CR2E040 (8/02)

Mr. Jim Smith
Secretary of State
Division of Corporations
Tallahassee, Florida 32314-6327

Dear Mr. Smith,

I was quite amazed when I received the Notice of Cancellation for my corporation. Colorworks, Inc. I has been a corporation in good standing with the State of Florida since January 1993 and to the best of my knowledge we have never received any notification that, that status has changed. So I am requesting an immediate reinstatement of my corporation, Colorworks, Inc.!, Document number P93000005987.

I am enclosing a check in the amount of \$150.00 as requested. Thank you in advance for handling this error for me.

Marcie Stern
President

Colorworks, Inc. I

