PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 12 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010439

1. Corporation Name

T+M COLORS
5117 N.W. 66TH AVE.
LAUDERHILL, FLORIDA 33319

REINSTATEMENT 02-03

300016965303
04/24/03--01068--009 **408.75

2. Principal Office Address	**3.** Mailing Office Address
5117 N.W. 66TH AVE	5117 N.W. 66TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERHILL, FLORIDA	City & State: LAUDERHILL, FLORIDA
Zip: 33319 Country: USA	Zip: 33319 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 2/10/93

5. FEI Number 65-0392724 ☐ 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: Elio AZTIAZARAIN

Street Address (P.O. Box Number is Not Acceptable): 5117 NW 66 AVE

Suite, Apt. #, Etc.:

City: Lauderhill State: FL Zip Code: 33319

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: Elio [signature] Date: 5/7/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	ELIO AZTIAZARAIN	5117 N.W. 66TH AVE	LAUDERHILL, FL. 33319
D	OLIVIA L. AZTIAZARAIN	5117 N.W. 66TH AVE	LAUDERHILL, FL. 33319

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: [signature] 4/17/03 954-632-5234 Cell 954-746-5332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #