

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 17 PM 3:54

DOCUMENT # P93000030322

1. Corporation Name

COLOR ALL TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

1540 N. POWERLINE RD
POMPANO BEACH FL 33069
US

1540 N. POWERLINE RD.
POMPANO BEACH FL 33069
US



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

REINSTATEMENT

OC

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/26/1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0403569	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	City / State / Zip
VP	PRIGAL, GERALD S	1540 N POWERLINE RD	POMPANO BEACH FL 33069
VPST	ROSENBRIER, GILBERT	7000 E CYPRESSHEAD DR	PARKLAND FL 33067

10/23
000003440340--2
-10/26/00-01052-021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSENBRIER, GILBERT 7000 E. CYPRESSHEAD DR. PARKLAND FL 33065	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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

10-16-00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

10-16-00