

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

01 JAN 22 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081225

1. Corporation Name

MULTICOLOR GRAPHICS, INC.

Principal Place of Business

1673 W 39TH PL
HIALEAH FL 33012
US

Mailing Address

1673 W 39TH PLACE
HIALEAH FL 33012
US

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



REINSTATEMENT

2000
dm

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0539015

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	PADRON, ROLANDO	232 W 64TH TERRACE	HIALEAH FL

900003631919--3
-02/02/01--01142--011
***750.00 ***750.00

8. Name and Address of Current Registered Agent

PADRON, ROLANDO
801 W. 49TH ST. SUITE 224
HIALEAH FL 33012

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.

Signature of
Registered Agent

ROLANDO PADRON
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **1-15-01**

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:

ROLANDO PADRON
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2600

Date

(305) 824-1777

Daytime Phone #

CR2E040 (8/00)