

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 96000023360

1. Corporation Name

A. Colorama, Inc.

Principal Place of Business

Mailing Address

9883 North Grand Duke Circle  
Tamarac, FL 33321-6312

Same

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/14/96

5. FEI Number

65-0652455

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Osni Santos De Aguiar	151 SW 91 AV #205	PLANTATION, FL-33324
VP/D	Joelias Ribeiro De Souza	9883 North Grand Duke Circle	Tamarac, FL 33321-6312
S	Jeser Correa Vieira	9821 NOB HILL COURT	SUNRISE, FL 33351

8. Name and Address of Current Registered Agent

John Yeend  
1109 South Congress Ave.  
West Palm Beach, FL 33406

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

John Yeend

REGISTERED AGENT MUST SIGN

Date

02.10.99

11. This corporation owes 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)(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:



JOELIAS RIBEIRO DE SOUZA VP/D

02.10.99

Date

(354) 788-9460  
Daytime Phone #

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A Colorama, Inc.  
9883 North Grand Duke Circle  
Tamarac, FL 33321  
(954)557-7998

January 15, 1999

State of Florida  
Division of Corporations  
Corporate Records Bureau  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: A Colorama, Inc.  
Document #96000023360

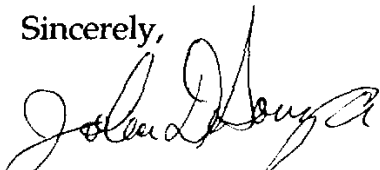
Dear Sir/Madam:

Our firm contacted the division of corporations after we had found out that our corporation had been involuntarily dissolved.

We never received a 1998 annual report since our address had changed. When we filed our 1997 annual report, we indicated our correct address. It seems that your office did not update its records, which is why an annual report was never received. Please find enclosed an application for reinstatement and a check for \$300 for our 1998 and 1999 corporation annual report fee.

Please contact us with any questions.

Sincerely,



Joelias R. DeSouza