

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 11 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P960000096108

1. Corporation Name

AMERICAN COLORS CORPORATION

2. Principal Office Address

3700 B MERCANTILE

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

33942

Country

USA

3. Mailing Office Address

2525 LAVAL

Suite, Apt. #, etc.

SUITE 1

City & State

ST LAURENT QC

Zip

H4L2Z9

Country

CA

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1996

5. FEI Number

65-07 12898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RUTHERFORD, CHARLES E

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

2600 N. MILITARY TRAIL

Suite, Apt. #, Etc.

FOURTH FLOOR

City

BOCA RATON

100004324411-9

-05/29/01--01010--015
****900.00 ****900.00

State

FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date 5/9/01

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
D	STABILE, ALBERTO	3375 SAVARD	ST LAURENT, QUEBEC CA
D	STABILE, EMILIO	3375 SAVARD	ST LAURENT, QUEBEC CA

REINSTATEMENT

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 20 (514) 332 8674

Daytime Phone #