

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 30 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000006191

1. Corporation Name

DORAL COLOR, INC.

REINSTATEMENT 03

100024294951
10/30/03--01070--002 **150.00

2. Principal Office Address 201 Alhambra Circle		3. Mailing Office Address 201 Alhambra Circle	
Suite, Apt. #, etc. Suite 601		Suite, Apt. #, etc. Suite 601	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country USA	Zip 33134	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/22/1997	
5. FEI Number 65-0719925	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Ronald R. Fieldstone	
Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle	
Suite, Apt. #, Etc. Suite 601	
City Coral Gables	State FL
	Zip Code 33134

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: _____ Date: 10/23/03

REGISTERED AGENT MUST SIGN

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	Al Vega	201 Alhambra Circle #601	Coral Gables, FL 33134
D	Ronald R. Fieldstone	201 Alhambra Circle #601	Coral Gables, FL 33134

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: _____ Director/Secretary Date: 10/23/03 Daytime Phone #: 305-357-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

DORAL COLOR, INC.

October 23, 2003

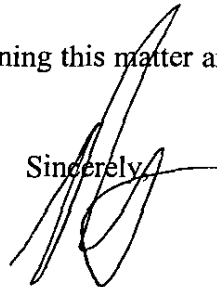
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Please be advised that our office did not receive the annual report for Doral Color, Inc. or any other notification from the Secretary of State as our principal address is incorrectly listed in your records. Attached is the Application for Reinstatement together with our check in the sum of \$150.00, representing the annual fees.

Thanking you for your cooperation concerning this matter and if you have any questions, please call us at 305-357-1001.

Sincerely,



Ronald R. Fieldstone
Secretary