

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000040969

1. Entity Name  
POWER COLOR, INC.



FILED

05 OCT 10 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5702 SW 2ND ST.  
PLANTATION, FL 33317 US

Mailing Address  
5702 SW 2ND ST.  
PLANTATION, FL 33317 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042005

REIN-P

CR2E098 (6/04)

4. FEI Number  
65-0752107

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLANG, JOHN  
5702 SW 2ND STREET  
PLANTATION, FL 33317

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature type or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
KLANG, JOHN  
5702 SW 2ND STREET  
PLANTATION, FL 33317 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
600060457146  
10/10/05--01076--006 \*\*\$150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/05

954-801 8859

Daytime Phone #

From:  
John Klang  
Power Color Inc  
5702 SW 2<sup>nd</sup> St  
Plantation FL 33317

To :  
Florida Dept of State  
Div of Corporations  
P.O.Box 6327  
Tallahassee  
FL 32314  
10/6/05

#### LATE FEE WAIVER

This letter is a request to have the late fee for Corporation reinstatement waived.

Power Color sent its Annual report to " Corporate Compliance Center" thinking that this was the correct procedure and place for filing.

All the documents and payments have been returned and we are now filing with the correct agency.

If you require any additional documents please let me know and I will send them immediately.

Thank you

John Klang

