

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000035891

1. Corporation Name

COLORHEAD, INC.

Principal Place of Business

11221 SOUTH DIXIE HIGHWAY  
MIAMI FL 33156  
US

Mailing Address

11221 SOUTH DIXIE HIGHWAY  
MIAMI FL 33156  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/21/1998

5. FEI Number

65-0830155

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	PEREZ, SARA E	6300 SOUTHWEST 20TH TERRACE	MIAMI FL 33155

4000008635364  
10/28/02--01114--003 \*\*150.00

*PR 11/4*

8. Name and Address of Current Registered Agent

DUNKLEY, LINDSAY

717 PONCE DE LEON BLVD

#310

CORAL GABLES FL 33134

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

*4/24/02*

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:

*[Signature]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/24/02* (307) 461-4460

CR2E040 (8/02)

October 24, 2002

Colorhead, Inc.  
11221 South Dixie Highway  
Miami, Florida 33156

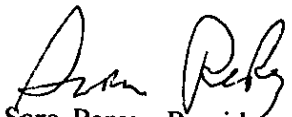
Division of Corporations  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, Fl. 32302

Dear Revenue Agent:

Please note that this is the first notification we received this year from your department. Please  
except our check for \$ 150.00 as payment for the 2002 Uniform Business Report Filing.

Thank you for your help in this matter.

Sincerely,

  
Sara Perez, President