

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 19 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000001233**

1. Corporation Name

Premier Color, Incorporated

2. Principal Office Address

15421 Balm-Wimauma Rd. PO Box 538

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Wimauma FL

Zip

33598

Country

USA

City & State

Balm FL

Zip

33503

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-04-99

5. FEI Number

59-3549212

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

000003590960--5
-02/19/01--01092--009
******865.00 ****865.00**

7. Name and Address of Current Registered Agent

Name

Scott David Romkey

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

15421 Balm-Wimauma Road

Suite, Apt. #, Etc.

City

Wimauma

State

FL

Zip Code

33598

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 **02-16-01**

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
P	James M. Romkey	PO Box 538	Balm, FL 33503
V	Okey J. Fulk	PO Box 538	Balm, FL 33503
T/S	Scott D. Romkey	PO Box 538	Balm, FL 33503

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

02-16-01

Date

813-633-7995

Daytime Phone #

CR2081 (9/00)