

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 27 PM 1:29

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-01/04/01--01102--005  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT** 00

**DOCUMENT #** P99000003789

**1. Corporation Name**

FIBER COLOR TRADING, INC.

**2. Principal Office Address**

22 Via DeLuna Drive

Suite, Apt. #, etc.  
#908

City & State

Pensacola Beach, FL

Zip  
32561

Country  
USA

**3. Mailing Office Address**

916 W. Doug Gap Mtn. Road

Suite, Apt. #, etc.

City & State

Dalton, GA

Zip  
30720

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

JAN 7 - 1999

**5. FEI Number**

59-2923530

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Stephen R. Moorhead

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

4300 Bayou Boulevard

Suite, Apt. #, Etc.

Suite 13

City

Pensacola

State

FL

Zip Code

32503

**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

12/15/00

**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/S/T	Gerard M. O'Mahony	916 W. Doug Gap Mtn. Road	Dalton, GA 30720

**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

12/15/00

Date

706-226-5023

Daytime Phone #