PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP -3 AM 10:30

KS

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09/03/10--01013--014 **1050.00

DOCUMENT # P99000038120 .

1. Corporation Name

Primary Living Colors Inc .

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11475 SW 59 Terr .	11475 SW 59 Terr
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: Miami Fl.	City & State: Miami Fl .
Zip: 33173 Country: US	Zip: 33173 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 04/27/1999 .

5. FEI Number: 65-0913871 . ☐ 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: ENEAS R Hernandez .

Street Address (P.O. Box Number is Not Acceptable): 11475 SW 59 Terr .

Suite, Apt. #, Etc:

City: Miami | State: FL | Zip Code: 33173

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: x [signature] Date: 08/31/2010

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
P	. Eneas R Hernandez	11475 SW 59 Terr .	Miami fl 33173
VP	Maria del Pilar Jaramillo	11475 SW 59 Terr .	Miami fl 33173 .

10. **E-mail Address:** MAPIJA62 @ Hotmail . com

(To be used for future annual report notification)

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. I further certify, 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: x [signature] 08/31/2010 (305) 776 9058 .

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