

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 14 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999 0000 85 310

1. Corporation Name
Mil Colores International, Inc.

2. Principal Office Address - No P.O. Box #

6363 NW 106 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

6363 NW 106 Terrace

Suite, Apt. #, etc.

City & State

Parkland FL

Zip

33076

Country

USA

City & State

Parkland FL

Zip

33076

Country

USA

7. Name and Address of Current Registered Agent

Name

Graig Miller

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

6363 NW 106 Terrace

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33076

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/25/07

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
	<u>Pres Graig Miller</u>	<u>6363 NW 106 Terrace</u>	<u>Parkland, FL 33076</u>
	<u>\$29/14</u>		

200109486202
09/14/07--01041--003 **1050.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/07 454-224-1233
Date Daytime Phone #