

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine A. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000106352

1. Corporation Name

CASTING COLORS, INC.

Principal Place of Business

9275 133RD ST. NORTH
SEMINOLE FL 33776

Mailing Address

9275 133RD ST. NORTH
SEMINOLE FL 33776

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1999

5. FEI Number

59-3613609

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
P	CHANCEY, KEN	9275 133RD ST. NORTH	SEMINOLE FL 33776
V	CHANCEY, SHELLEY	9275 133RD ST. NORTH	SEMINOLE FL 33776

100003460131--9
-11/13/00 01006-024
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CHANCEY, KEN
9275 133RD ST. NORTH
SEMINOLE FL 33776

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/18/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/00

Daytime Phone #

CR2E040 (8/00)

282

N
A
S

Network Accounting Services

2000 West Bay Drive
Largo, Florida 33770
(727) 536-2088

October 18, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE Casting Colors, Inc.
P99000106352

Dear Sir or Madam:

Enclosed please find a completed application for reinstatement, together with a check in the amount of \$150.00.

Since this corporation was formed so late in the year (December 6, 1999), our client had no idea that they would be required to file an annual report for the year 2000, and, honestly, neither did we. They did not receive a corporate annual report in January, nor did they receive a notice after the deadline of May 1. The only correspondence received by Casting Colors, Inc., was the enclosed.

Had Mr. Chancey, President of Casting Colors, Inc., received a bill from your office, he certainly would have filed the report and paid his annual fee. We respectfully request, therefore, that you accept the enclosed check for \$150.00 and reinstate his corporation with no penalty. Our firm will mark our calendars, as will Mr. Chancey, to be on the lookout for the annual corporate report to arrive in January of 2001.

Thank you for your understanding in this matter.

Very truly yours,
NETWORK ACCOUNTING SERVICES

Donna S. Tavares

Donna S. Tavares

DST/
Enclosures
Cc: Kenneth Chancey