

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP 25 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1 S40275

1. Corporation Name

Colors Unlimited, Inc.

900023513949  
10/02/03--01053--015 \*\*750.00

REINSTATEMENT 03

2. Principal Office Address

1499 Brandywine Cir

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Apt. 311

Suite, Apt. #, etc.

Same

City & State

Ft. Myers, Fl.

City & State

Same

Zip

33919

Country

Lee

Zip

33919

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1991

5. FEI Number

65-0252229

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

Kirk A. Benefield

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

1499 Brandywine Circle #311

Suite, Apt. #, Etc.

#311

City

Ft. Myers,

State  
FL

Zip Code  
33919

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

*Kirk A. Benefield, Pres.*  
REGISTERED AGENT MUST SIGN

Date

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
Pres.	Kirk A. Benefield	1499 Brandywine Circle #311	Ft. Myers, Fl. 33919

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:

*Kirk A. Benefield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirk A. Benefield, Pres.

9/23/03

Date

Daytime Phone #

(239) 209-2449  
433-2443

CR2E081 (10/02)