

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # H50838

1. Corporation Name

RAINBOW TRANSMISSION & AUTO CENTER INC.

Principal Place of Business

721 W. 27TH ST.  
HIALEAH FL 33010

Mailing Address

721 W. 27TH ST.  
HIALEAH FL 33010



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/1985

5. FEI Number

59-2523969

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FARRADAS, ROLANDO R.	997 W 27 ST	HIALEAH FL
VSD	FARRADAS, ROLANDO R., JR	6360 NW 113 CT	HIALEAH FL
TD	FARRADAS, EUSEBIA M.	997 W 27 ST	HIALEAH FL

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12/01/00 01014-008

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

FARRADAS, ROLANDO R., JR.  
721 W. 27TH ST  
HIALEAH FL 33010

9. Name and Address of New Registered Agent

Name EUSEBIA M FARRADAS

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

721 west 27th Street

Suite, Apt. #, Etc.

City Hialeah

State

FL

Zip Code

33010

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

11/3/00

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

11/3/00

Date

Daytime Phone #

AD