

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P00000012533

1. Corporation Name
D+L RAINBOW VERTICAL, INC.

2. Principal Office Address - No P.O. Box #
2137 STIKLING RD

3. Mailing Office Address
2137 STIKLING RD

Suite, Apt. #, etc.

City & State
DANIA, FL

City & State
DANIA, FL

Zip Country
33312 BROWARD

Zip Country
33312 BROWARD

4. Date Incorporated or Qualified To Do Business in Florida
FEB 4, 2000

5. FEI Number
65-0981667

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
DIMITRY GRINBERG

Street Address (P.O. Box Number is Not Acceptable)
2137 STIKLING RD

Suite, Apt. #, Etc.

City
DANIA

State
FL

Zip Code
33312

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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] Date 12-24-07

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
<u>PRES.</u>	<u>DIMITRY GRINBERG</u>	<u>2137 STIKLING RD</u>	<u>DANIA, FL 33312</u>

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] Date 12-24-07

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

1/26/01 90060 018-150 P
CR2E081 (1/07)

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12/28/07--01009--015 **900.00