PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 25 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000127543

Corporation Name

RAINBOW22, INC.

REINSTATEMENT 08-09
CR2E081 (11/09)

Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9519 SW 154TH PLACE		9519 SW 154TH PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33196	U.S.A	33196	U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 11/29/2007

5. FEI Number 74-3243818 ☐ 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
FERNANDO E VALDES, P.A

Street Address (P.O. Box Number is Not Acceptable)
10705 NW 33RD STREET SUITE 100

Suite, Apt. #, Etc.
MIAMI

City | State | Zip Code
FL | FL | 33172

☑ 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.

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 11-17-09

REGISTERED AGENT MUST SIGN

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
P/V/T/S	PIERO AVETTA	VAI GIANCARDI, 40	ALASSIO, ITALY 17021

100160098401
11/25/09--01004--008 **300.00

E-mail Address: VALDESFERNANDO@BELLSOUTH.NET
(To be used for future annual report notification)

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. I further certify 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: Piero Avetta PIERO AVETTA 11-17-2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/25cw