

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -7 PM 4:05

DOCUMENT # N98000004879

1. Corporation Name

READING RAINBOW DANCERS, INC

2. Principal Office Address

16196 NW 27TH AVENUE

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL

Zip

33054

Country

USA

3. Mailing Office Address

16196 NW 27TH AVENUE

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL

Zip

33054

Country

USA

000013271960

02/28/03--01045--024 **306.25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

DOE# N9800004879

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

LINDA AGYAPONG

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

16196 NW 27TH AVENUE

Suite, Apt. #, Etc.

City

OPA LOCKA

State

FL

Zip Code

33054

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

REGISTERED AGENT MUST SIGN

Date 7 Feb 03

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
DIRECTOR	LINDA AGYAPONG	16196 NW 27TH AVE	OPA LOCKA, FL 33054
TREASURER	CLARENCE BAKER	3055 NW 2012 ST.	MIAMI, FL 33056
SECR.	DR ROZALYN PASCHAL	1001 NW 54TH ST.	MIAMI, FL 33051
VICE PRES.	Kim Thompson	13751 NW 7TH AVE	MIAMI, FL 33168
ADJ. SECR.	DR. O. AGYAPONG	2309 TUPELO TERRACE	TALLAHASSEE, FL 32303

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 628 4110

CR2E081 (9/01)