

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUN 28 PM 2:39

RECEIVED  
TALLAHASSEE, FLORIDA

DOCUMENT # 770303

1. Corporation Name

Rainbow Ministries, Inc.

2. Principal Office Address - No P.O. Box #

1820 53<sup>rd</sup> Ave W.

Suite, Apt. #, etc.

City & State

Bradenton

Zip

34207

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/20/83

5. FEI Number

592416356

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

VICTOR N. MANASSA

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

1820 53<sup>rd</sup> AVE W

Suite, Apt. #, Etc

City

BRADENTON

State

FL

Zip Code

34207

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

Victor N. Manassa

REGISTERED AGENT MUST SIGN

Date 06/24/10

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
D- PRES	VICTOR N. MANASSA	2901 26 <sup>th</sup> ST W #507	BRADENTON FL 34205
D- V/PRES	CAROL M. MANASSA	2901 26 <sup>th</sup> ST W #507	BRADENTON, FL 34205
D- SD	Nicholas A. Manassa	4057 Overture Circle	Bradenton, FL 34209
D- TD	Victoria L. Bullman	11503 Petersham Creek Lane	Jacksonville, FL 32258
D- ASD	Becky J. Manassa	4057 Overture Circle	Bradenton, FL 34209

10. E-mail Address: REVLICMAN @ AOL.COM

(To be used for future annual report notification)

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. 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:

Victor N. Manassa, PRES. 06/24/10 567-5980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/10