

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 92-97
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAR 24 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 77/200

1. Corporation Name
RAINBOW ESTATES,
OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
99 RAINBOW DR #3
HAINES CITY, FL.
33844

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DIR. PRES.	ANTHONY GULZINSKI	99 RAINBOW DR. BLDG 3	HAINES CITY, FL. 33844
V.P.	FRANK GULZINSKI	99 RAINBOW DR BLDG #4	" " " "
DIR. SEC.	JAMES B. ACHTSTEDT	99 RAINBOW DR BLDG #6	" " " "
DIR. TR.	Felix Lopez	99 RAINBOW DR BLDG #5	" " " "

REINSTATEMENT 92-97
A. Alan
3/24/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ANTHONY GULZINSKI 99 RAINBOW DR. #3 HAINES CITY, FL. 33844		Name SAME AS #8 Street Address (P.O. Box Number is Not Acceptable) 900002123819--2 Suite, Apt. #, Etc. -03/25/97-01079-014- City ****542.52 ****542.52 State FL Zip Code	

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 Anthony Gulzinski Date 2-28-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

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: A. Gulzinski Date 2-28-97 Daytime Phone # 941-4228685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EXT. DIE SHOP