98000055282

((TRANS	SMITTAL LETTER		
-	on/Tax Lien Section of Corporations			•.
SUBJECT:		OMMUNICATIONS		
	(Name o	f corporation - must include sur	ffix)	
Dear Sir or Madar	n:			
The enclosed "Ap "Certificate of Exi transact business i	stence", and check are sul	oration for Authorization to Trabmitted to register the above ref	ansact Business in Flo ferenced foreign corpo	orida", oration to
Please return all co	orrespondence concerning	this matter to the following:	10000264	4441 <u>-</u> -=
	TIMOT	this matter to the following:	-09/21/98 *****70.	01061001 00 *****70.00
_	RAINBOW ((Firm/Company)	LIMITED	
	840 NE	ZO L DRIVE (Address)		9 9.
				SECTION AND ADDRESS OF THE PROPERTY OF THE PRO
_	Ft. LAUDE	City/State/Zip)	305	2 2
		(City/State/Zip)		3 SE
Should you need t	o call someone concernin	g this matter, please call:		STATE PRATIONS
THOTH	W. BRIDGES at	(954) 568-24 (Area Code & Daytime T	23	- ynth
(Name of	f Person)	(Area Code & Daytime T	elephone Number)	- 1
				9/21
COURIER ADD	RESS:	MAILING ADD	RESS:	·

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	RAINE	BOW COMMUNICAT	IONS LIMITE	<u>εΔ (</u>	LORPORATION	<u> </u>	
	words or abbrev	ration; must include the word " riations of like import in langua or partnership if not so contained	ge as will clearly ind	icate that i	NY", "CORPORATION t is a corporation instead	" or i of a	
		TLUNOIS under the law of which it is in	3	E	$\frac{58 - 2412}{\text{(FEI number, if applied)}}$	764 able)	
4.	Aug.	te of incorporation)	5(Duratio	PERPE n: Year co	TUAC Tp. will cease to exist or	r "perpetual")	 .
6.	(Date first	9 1 98 t transacted business in Florida.) (SEE SECTIONS 6	07.1501, 6	07.1502 and 817.155, F	.s.) &	<u> </u>
7.		840 NE ZO		777		SEP 21	OSE TARL
		Ft. LAUDERDA (Curr	ent mailing address)	<u> </u>	<u> </u>	7	Y OF ST
8.	TELI (Purpose)	VET TO SERVE (s) of corporation authorized in	R IN ILL.	y to be can	FOR ADMINIS	ia)	· View
9.	Name and str	eet address of Florida regis	tered agent: (P.O.	Box or M	fail Drop Box <u>NOT</u> a	cceptable)	
		TIMOTHY W			-	· <u>.</u>	-
Oí	ffice Address:	840 NE ZO			-		
		Ft. LAUDERDA	LĒ	, Florida,	33305 (Zip code)	'3	=
		49 4					

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: TMOTHY W. BRIDGES
Address: 840 NE Zot DR.
Ft. Landordale, FL 33305
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
S SM
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Timothy W. BRIDGES - STE
Address: 840 NE Zo# DR. = 88
Ft. Landardele, FL 33305
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Serv. 1 9/17/98
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. TIMOTHY W. BRIDGES PRESIDENT
(Typed or printed name and capacity of person signing application)

File Number 6004-742-1



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,

ECRETARY OF STATE FIGURE OF COMPOSATIONS



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day of SEPTEMBER A.D., 19 98

George H Ryan
SECRETARY OF STATE