

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -1 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J43059**

1. Corporation Name **RAINBOW KEY, INC.**

2. Principal Office Address

3. Mailing Office Address

245 LINDA LN. →

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH SHORES

Zip

Country

Zip

Country

33404

P.B. County

REINSTATEMENT *95-01*

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

94-3027712

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

Donald Jones

300004627943-3

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

245 LINDA LN.

-10/09/01--01011--005

*****1658.50 ***1658.50**

Suite, Apt. #, Etc.

LS

City

PALM BEACH Shores

State

FL

Zip Code

33404

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

Donald Jones

Date **9/26/01**

REGISTERED AGENT MUST SIGN

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
Pres.	Donald Jones	245 Linda Ln	Palm Beach Shores 33404
Sec	Patricia P Jones	"	"
D	Donald Jones	"	"

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:

Donald C Jones *Donald Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/27/01

Daytime Phone #

561-840-9920

CR2E081 (9/00)