

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN -8 PM 2:28

**DOCUMENT #** L010000000232

**1. Limited Liability Company's Name**

RAINBOW Cleaners LLC

800139681949  
01/06/09--01018--003 \*\*416.25  
CR2E041 (10/08)

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

672 SOUTH GOLDENROD ROAD

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Orlando FL

**City & State**

**Zip**

32822

**Country**

US

**Zip**

**Country**

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

**Applied For**

**Not Applicable**

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

**Name**

Edgardo Rodriguez

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

429 Janice Kay Place

**Suite, Apt. #, Etc.**

**City**

Kissimmee

**State**

FL

**Zip Code**

34740

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

**Signature of  
Registered Agent**

Edgardo Rodriguez

**REGISTERED AGENT MUST SIGN**

**Date**

23-Dec-08

**10. Names and Street Addresses of Managing Members/Managers**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
Manager	Edgardo L. Rodriguez	429 Janice Kay Place	Kissimmee, FL 34740

**REINSTATEMENT** 2007-09

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager**

Edgardo Rodriguez

**Date**

23-Dec-08

**Daytime Phone #**

407-460-3397

**Typed or printed name of signing Managing Member/Manager**