

ISS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 NOV -8 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000650854

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

Rainbow Management, LLC

**2. Principal Office Address**

40 Santiago Steed,

Suite, Apt. #, etc. Fortune International

1300 Brickell Ave.

City & State

MIAMI FL

Zip

33131

Country

USA

**3. Mailing Office Address**

40 Santiago Steed,

Suite, Apt. #, etc. Fortune International

1300 Brickell Ave

City & State

MIAMI FL

Zip

33131

Country

USA

**4. State/Country of Formation**

FL/USA

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

12/08/03

**6. FEI Number**

Temp: 20-17 82615

☒ 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

CFRA LLC

300042561343

11/08/04--01054--025 \*\*155.00

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

CORPORATE CENTER THREE at INTEL Plaza

Suite, Apt. #, Etc.

4221 W. Boy Scout Blvd. 10th Floor

City

Tampa

State

FL

Zip Code

33607

**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

REGISTERED AGENT MUST SIGN

Date

10/22/04

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

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgr	LEON HAMUI HAMUI	1300 Brickell Ave.	MIAMI FL 33131

**REINSTATEMENT**

2004

**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

Date

10/22/04

Daytime Phone #

305-351-1000

Typed or printed name of signing Managing Member/Manager

Leon Hamui Hamui

CR2E041 (10/02)