

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -7 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M44513

1. Corporation Name

RAINBOW ENTERPRISES, INC. DBA RAINBOW PAVING, INC.

1271 BURLINGTON STREET
1271 BURLINGTON STREET

2. Principal Office Address

1271 BURLINGTON STREET

3. Mailing Office Address

1271 BURLINGTON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLORIDA

City & State

OPA LOCKA, FLORIDA

Zip

33054

Country

USA

Zip

33054

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 1/08/1987

5. FEI Number

650021752

Applied For

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

MICHAEL ADAMS

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

1271 BURLINGTON STREET

Suite, Apt. #, Etc.

City

OPA LOCKA

State

FL

Zip Code

33054

600038849176
07/07/04--01090--017 **999.00

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**

Date 7/1/04

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 |
|---------------|--|---|---------------------------|
| P | MICHAEL ADAMS | 1271 BURLINGTON STREET | OPA LOCKA, FL 33054 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Michael Adams

Date 7/1/04

(305) 688-9288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)