

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 10 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003403

1. Corporation Name

Rainbow Repertory Company
Theatre and Academy, Inc.

2. Principal Office Address

1501 N.W. 108th Ave

Suite, Apt. #, etc.

327

City & State

Plantation, Florida

Zip

33322

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

May 18, 2003

5. FEI Number

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

Christopher Grant

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

1501 N.W. 108th Avenue

Suite, Apt. #, Etc.

327

City

Plantation

State

FL

Zip Code

33322

400014771534

03/26/03--01055--015 **297.50

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

Christopher Grant

REGISTERED AGENT MUST SIGN

Date

3/24/03

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
✓	Richard E. Keen	2730 S.W. 117 th Avenue	DAVIE, Florida 33330
S	Norma Mucha	14761 Madison Place	DAVIE, Florida 33325
D	Tarik Smith	3285 Fox Craft Road #E2K5	Miramar, FL 33025
D	Mary Ann McLaughlin	130 SW 91 st Ave #105	Plantation, FL 33324
T	Amy Schwartzberg	4379 Carambola Circles	Coconut Creek, FL 33066

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:

Christopher Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/03 (954) 873-9995

Daytime Phone #

CR2E081 (10/02)