## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION STATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	OF FIRED TALLALASSEE TO SEE TO	
DOCUMENT # N 0 1 0 0 0 0 0 15 2 4			785/2 <b>2.02</b>	
South Florida Rainbow Tonnis Association			10A	
		Page	REINSTATEMENT 02-06	
2. Principa	Il Office Address	3. Mailing Office Address	Blood of the state	
1367 Fartax Circle E			GR2E081 (42/95) 4 A GREEN	
		Suite, Apt. #, etc.	T. Roberts   12/05  1 6 2006	
			4. Date Incorporated or Qualified To Do Business in Florida  March 1 Zoo 1	
City & State		City & State	5. FEI Number Applied For	
<b>D</b> 2	pyriton Bch. Ft.		X Not Applicable	
<sup>Zip</sup> 339	436 PBC.	Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
		7. Name and Address of Current Register	red Agent	
,	Name \	<u> </u>	000066129490	
Street Address (P.O. Box Number is Not Acceptable) 0:2717/0601018009 ***306 :25				
	Suite, Apt. #, Etc.			
	city Boynton ?	Brach	State Zip Code FL 3343	
8. I, being appointed the registered agent of the above named Grooration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.				
Signature of Project of Allened Date 2-8-06				
Registered .		EGISTERED AGENT MUST SIGN	Date	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles Name of Street Address of Each		City / State / 7to		
	Officers and/or Directors Officer and/or Director		5,7,5,0,0,2,5	
Pres.	Yusut Ahmed 1367 For Fax Circle		LE. Boynton Bch 3386	
V. Roes	S Namoure Ahmed 1367 Fair Fax Circle E Doynton Beh 33436			
Drector	Danny Kin	a 400 NW. 2nd.	Delray Beh 33444	
Directo	5.41	10-1-14		
	10 1. 15.11		7/11/2/2 - 100	
DIVEC	m Mark Willi	ams 139 SE. 7 St.	Lielvay DEN 33453	
	•			
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 filling 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 contained in Chapter 119, 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.				

## South Ronda Rambow Tennes Ass. lok.

Your Ahmed 1367 FairFax Circle E. Bornton, Boh FE. 53986

Florida Department of State Secretary of State Division of Corporations To Whom it may Concern.

We at SFRTA did not receive ranstatement paper work in 2002 because we moved to a new bootiers.

As President of SFRTA I would ask the State to waive the later feets for revistatment.

> Respectfully Yours, Yusut Ahmed. Prasident of STRTA. Yusue Colmed