

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000003129

1. Corporation Name

Rainbow Carpet Lodging & Hospitality Alliance, Inc.

200171033732
03/02/10--01040--026 **350.00

CR2E081 (11/09)

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

606 Orton Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Zip

33304

Country

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2567399

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

Handevidt, Roger, A.

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

606 Orton Avenue

Suite, Apt. # Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

☒ The 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 reinstatement fee be waived.

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

Roger Handevidt
REGISTERED AGENT MUST SIGN

Date **24 February 2010**

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
Chairman	Roger Handevidt	606 Orton Ave.	Fort Lauderdale, FL 33304
Boardmember	Richard Gray	3025 Sea View Place	Fort Lauderdale, FL 33305
Boardmember	Ohad Soberano	3003 Granada Street	Fort Lauderdale, FL 33304
Boardmember	Keith Blackburn	115 Tequesta Street	Fort Lauderdale, FL 33312
REINSTATEMENT			
RH			

10. E-mail Address: **Roger@OrtonTerrace.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Roger Handevidt

Roger Handevidt, Chairman

24 February 2010 954-258-9915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #