2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N25407

FILED Oct 19, 2005 Secretary of State

Entity Name: RAINBOW WOODS HOMEOWNERS ASSOCIATION, INC.

| Current F | rincipal Place of Business: | New Principal Place of Business: |
|--|--|---|
| | SUSTINE RD. HILL, FL 346099107 | |
| Current N | lailing Address: | New Mailing Address: |
| | SUSTINE RD. HILL, FL 346099107 | |
| n accordar | : 59-2952024 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation of Address of Current Registered Agen | · |
| 352 AUG | , DARLENE SUSTINE RD HILL, FL 34609 US | |
| | e named entity submits this statement for e of Florida. | he purpose of changing its registered office or registered agent, or both |
| | DE. DADIENE ODAVIOU | |
| SIGNATU | RE: DARLENE GRAVISH | |
| SIGNATU | Electronic Signature of Registered | Agent Date |
| | | Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO |
| | Electronic Signature of Registered | |
| DFFICER ittle: lame: ddress: city-St-Zip: ittle: lame: ddress: | Electronic Signature of Registered S AND DIRECTORS: P () Delete BENTLEY, BONNIE 12021 CONWAY ST | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address: |
| DFFICER itle: lame: .ddress: Dity-St-Zip: itle: lame: .ddress: Dity-St-Zip: itle: lame: .ddress: | Electronic Signature of Registered S AND DIRECTORS: P () Delete BENTLEY, BONNIE 12021 CONWAY ST SPRING HILL, FL 34609 VP () Delete MAGUIRE, GEORGE 11331 ORANGEWOOD CT | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: |
| OFFICER itle: lame: .ddress: | Electronic Signature of Registered S AND DIRECTORS: P () Delete BENTLEY, BONNIE 12021 CONWAY ST SPRING HILL, FL 34609 VP () Delete MAGUIRE, GEORGE 11331 ORANGEWOOD CT SPRING HILL, FL 34609 S () Delete FRANCESCHINA, ALICE 11364 ORANGEWOOD CT | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE GRAVISH T 10/19/2005