

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

AND
 FILED

98 JUN -8 PM 2:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N34683

1. Corporation Name:

Rainbow Trunk Theater, Inc.

Principal Place of Business

Mailing Address

Suite 331, Paradise Plaza
 Sarasota, FL 34239

W98-10845

600002556826--6

-06/11/98--01058--017

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REINSTATEMENT 96-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/09/1989

5. FEI Number

65-0815611

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Hazen "Red" Wiles	4510 Bush Dr.	Sarasota, FL 34232
C/O	William G. Galbreath	3425 Tanglewood Dr.	Sarasota, FL 34239
S/O	Judie Klein	3396 Rambleswood Place	Sarasota, FL 34237
D/V.P.	Judith Griffith	5669 Country Lakes Dr.	Sarasota, FL 34243

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

William G. Galbreath
 3425 Tanglewood Dr.
 Sarasota, FL 34239

Name William G. Galbreath

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

3425 Tanglewood Dr.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

William G. Galbreath

Date 2-5-98

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11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

12. 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:

Hazen L. Wiles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-98

Date

Daytime Phone #

(941) 342-1422

CR2040 (12/96)