PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
07 JAN 17 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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01/23/07--01021--007 **8.75

DOCUMENT # N47257

1. Corporation Name
RAINBOW VILLAGE HOMEOWNERS ASSOCIATION, INC.
WD7-1220

REINSTATEMENT 1994-2007

2. Principal Office Address	**3.** Mailing Office Address
1786 NW 55 AV	P.O. Box 268025
Suite, Apt. #, etc.: Clubhouse	Suite, Apt. #, etc.:
City & State: Lauderhill FL	City & State: Weston FL
Zip: 33313 Country: US	Zip: 33326 Country: US

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 02/10/1992

5. FEI Number: 65-0317571 ☐ 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: Leopold KORN Leopold & Snyder

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Street Address (P.O. Box Number is Not Acceptable): 20801 BISCAYNE Blvd

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Suite, Apt. #, Etc.: Suite 501

City: AVENTURA State: FL Zip Code: 33180

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 _____ Date 12-18-06
REGISTERED AGENT MUST SIGN

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
P	Richard W. McDonough	2701 SW 156 Av	Davie FL 33331
VP	Olga O McDonough	2701 SW 156 Av	Davie FL 33331
S	John J McDonough Jr.	16420 Ontario Pl	Davie FL 33331

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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 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.

SIGNATURE: Richard W. McDonough 12-15-06 954-321-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. Mitchell JAN 17 2007