

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 OCT 12 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004774

**1. Corporation Name**

WORLD FAMOUS RAINBOW CRUSADERS, INC.

**2. Principal Office Address**

5317 NW 18ST #2

Suite, Apt. #, etc.

#2

City & State

LAUDERHILL, FLORIDA

Zip

33313

Country

U.S.A.

**3. Mailing Office Address**

P.O. BOX 130193

Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

Zip

33313

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1994

**5. FEI Number**

65-0551282

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

WILLIAM P. THOMPSON

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

5317 NW 18ST

Suite, Apt. #, Etc.

#2

City

LAUDERHILL

State

FL

Zip Code

33313

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date 08/26/04

**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
PRESIDENT -	WILLIAM P. THOMPSON	5317 NW 18ST #2	LAUDERHILL FL 33313
VICE VDT			
PRESIDENT -	VERA DENT	1225 NW 14CT	FT. LAUDERDALE FL 33311
SECRETARY -	NAZMAR KHAN-THOMPSON	5317 NW 18ST #2	LAUDERHILL, FL 33313
T/VDT			
TREASURER -	VERA DENT	1225 NW 14CT	FT. LAUDERDALE, FL 33311

**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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/26/04

Date

754-366-4688

Daytime Phone #