

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC -1 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005011

1. Corporation Name

OVER THE RAINBOW FOUNDATION, INC.

Principal Place of Business

Mailing Address

731 KIRKMAN ROAD
ORLANDO FL 32811

731 KIRKMAN ROAD
ORLANDO FL 32811

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

727 KIRKMAN RD
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State

Zip 32811 Country USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1996

5. FEI Number

59-3408197

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
D	CIOLA, THOMAS	731 KIRKMAN ROAD 303 8 BARRIMORE DR	ORLANDO FL 32811 32835
D	CIOLA, MARCIA	731 KIRKMAN ROAD	ORLANDO FL 32811
PRES	BRISBOIS, STEVEN	6559 GROSVENOR LN	ORLANDO FL 32835
SEC.	BRISBOIS, AMY	" " "500002364845--9 -12/05/97--01113--008 ****236.25 ****236.25	
V. PRES	CIOLA, GREG	731 KIRKMAN RD	ORLANDO FL 32811

8. Name and Address of Current Registered Agent

CIOLA, THOMAS
731 KIRKMAN ROAD
ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name GEORGE HODGES
Street Address (P.O. Box Number is Not Acceptable)
250 SOUTH CR 427
Suite, Apt. #, Etc. SUITE 116
City LONGWOOD State FL Zip Code 32750

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

George Hodges
REGISTERED AGENT MUST SIGN

Date 11-10-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information
on intangible tax.)

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:

Thomas Ciola Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-97 407
290-1932