<u> </u>	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FOR	₹М.		
APPLICATION FLORIDA DEPARTMENT OF STATE									
			Sandra B. Mor		G				
REINSTATEMENT Secretary of State O DIVISION OF CORPORATIONS									
DOCUMENT # N9700005696 1. Corporation Name					99 FEB 15 PH 9: 2h				
RAINBOW COMMUNITY DEVELOPMENT, INC.					TALLAHASSI E, PLORIDA				
Principal Place of Business Mailing Addre			9\$\$						
1451 NW 22ND ST #D FT. LAUDERDALE FL 33311		1451 NW 22ND ST. #D FT. LAUDERDALE FL 33311							
If above addresses are	incorrect in any way, line thro	auth incorrect in	formation and enter o	onection below					
			ig Office Address 15.		Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. FE‡Number		10/08/1997		
City & State		City & State			65-0786418		-	Applied For Not Applicable	
Zip	Country	Ζιρ	Country	,	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addition for a Cer	itional Fee required	
7. Names and Street Addresses of Each Officer and/or Director. (Ftorida nonprofit corporations must list at least 3 directors)									
Title(s) Name of Officers and/or Directors 2			Off Off 3 (Do NO) Use	eet Address of Each icer and/or Director - Pust Office Box Ni	(Cithetes)	Cit 4	y / State / Zip	,	
D RANDY STEWART				Lime Blvd.		Ioxahatchee	, FL	33470	
T EDWARD HUBERT			311 SW 77th Terrace			N. Lauderdale, FL 33068			
DONALD EGGAN			2979 NW 56th Avenue			Lauderhill,	FL 3	3063	
			REINSTATEM			ENT 98 399			
						1/2 01/01/00			
				T	1 10 8/11/1991				
Name and Address of Current Registered Agent Name						Address of New Regist	ered Agent		
CORPORATION SERVICE COMPANY Street Address /F					O Box Number i	is Not Acceptable)	· <u> </u>		
1201 HAYS STREE			Suite, Apt #, Etc	700002781137 <u>4</u> -02/19/9901074026					
TALLAHASSEE FL	. 32301-2525		City			State Zip C	**61-25		
10. I, being appointed the registered agent of the above named porposition, am familiar with and accept the obligations of Section 607,0505, F.S									
Signature of Registered Agent / Carolly State RED AGENT MUST SIGN									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:	Carely S	CUSAV NTED NAME OF S	P.	ANDY STEVIAI	RT I	11/19/98 (95	5 4) 767- Digital fr	-9601	