

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 FEB -7 PM 4:05

DOCUMENT # N98000004879

1. Corporation Name
 READING RAINBOW DANCERS, INC

2. Principal Office Address
 16196 NW 27TH AVENUE

3. Mailing Office Address
 16196 NW 27TH AVENUE

000013271960
 02/28/03--01045--024 **306.25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 OPA LOCKA, FL

City & State
 OPA LOCKA, FL

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
 DOC # N9800004879

Applied For
 Not Applicable

Zip Country
 33054 USA

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 33054 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 LINDA AGYAPONG
 Street Address (P.O. Box Number is Not Acceptable)
 16196 NW 27TH AVENUE
 Suite, Apt. #, Etc.
 City
 OPA LOCKA

State Zip Code
 FL 33054

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 7 Feb 03
 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
DIRECTOR	LINDA AGYAPONG	16196 NW 27TH AVE	OPA LOCKA, FL 33054
TREASURER	CLARENCE BAKER	3055 NW 2012 ST.	MIAMI, FL 33056
SECR.	DR ROZALYN PASCHAL	1001 NW 54TH ST.	MIAMI, FL 33051
VICE PRES	Kim THOMPSON	13751 NW 7TH AVE	MIAMI, FL 33168
ADJ. SEC	DR. O. AGYAPONG	2309 TUPALO TERRACE	TALLAHASSEE, FL 32303

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: _____ Date 305 628 410
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)