

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 19 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600014450346
03/24/03--01001--027 **900.00

REINSTATEMENT 02-03

DOCUMENT #P00000016553

1. Corporation Name

KIDS RAINBOW LEARNING CENTER, INC.

2. Principal Office Address

15335 SW 33 Lane

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33185

Country

USA

3. Mailing Office Address

15335 SW 33 LANE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33185

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/2000

5. FEI Number

65-0980771

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

ADOLFO E. IGLESIAS

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

12010 SW 97 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186-2606

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

Adolfo Iglesias

REGISTERED AGENT MUST SIGN

Date

3-10-03

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
DP	IRIS GERENA	15335 SW 33 LANE	MIAMI FL 33185
S	NELLY GARRIDO	12231 SW 185 TERRACE	MIAMI FL 33177

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:

Iris Gerena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/03. (305) 388-9919
Date Daytime Phone #