

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

758.75

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -6 PM 1:29

DOCUMENT # P00000034460

1. Corporation Name  
Rain Lounge, Inc.

700023936797  
10/20/03--01009--008 \*\*758.50

**REINSTATEMENT 03**

2. Principal Office Address  
302 S. Nebraska

3. Mailing Office Address  
4229 N. Habana Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, Fl.

City & State  
Tampa, Fl.

4. Date Incorporated or Qualified To Do Business in Florida  
4/5/02

5. FEI Number  
593643984

Applied For  
Not Applicable

Zip  
33602

Country  
USA

Zip  
33607

Country  
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  
Clint Richard Urso

Street Address (P.O. Box Number is Not Acceptable)  
4229 N. Habana Ave.

Suite, Apt. #, Etc.

City  
Tampa

State  
**FL**

Zip Code  
33607

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  
10/1/03

**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
PVSD	Clint Richard Urso	4229 N. Habana Ave.	Tampa, Fl. 33607

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

Date  
10/1/03

Daytime Phone #  
(813) 294-9199

CR2E081 (10/02)