

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 4:46

DOCUMENT # P00000037825

1. Corporation Name

RAINBOW SHIRTS, INC.

Principal Place of Business

Mailing Address

6587 CONSTANCE ST
LAKE WORTH FL 33467

6587 CONSTANCE ST
LAKE WORTH FL 33467



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1002901

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
D	SOLAZZO, GAIL	6587 CONSTANCE ST	LAKE WORTH FL 33467
			000004854560--4
			-10/26/01--01032--006
			****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOLAZZO, GAIL
6587 CONSTANCE ST
LAKE WORTH FL 33467

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Gail Solazzo
REGISTERED AGENT MUST SIGN

Date

10-15-01

11. 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:

Gail Solazzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01

CR2E040 (8/01)

OCT 15, 2001

TO WHOM IT MAY CONCERN:

THIS LETTER IS IN REGARD TO MY
RECEIVING A "NOTICE OF ADMINISTRATIVE
DISSOLUTION OR REVOCATION" OF MY CORPORATION,
RAINBOW SHIRTS INC. I JUST BECAME A
CORPORATION IN APRIL OF 2000 AND WAS
~~UN-AWARE THAT THERE WAS A FEE DUE~~
IN JANUARY AND RECEIVED NO PACKET
STATING THAT I OWED ANY "MONIES".
THEREFORE WHEN THIS NOTICE CAME, I
WAS VERY SURPRISED AND CALLED YOUR
OFFICE AT 850-245-6059 AND EXPLAINED
THAT I NEVER RECEIVED ANY DOCUMENTS
PRIOR TO THIS NEWS. THE WOMAN
INSTRUCTED ME TO SEND THE DOCUMENT
BACK WITH A LETTER STATING THE
ABOVE AND TO INCLUDE A CHECK FOR
THIS AMOUNT OF \$158.75 FOR
REINSTATEMENT FEE. I WAS TOLD I
WOULD HEAR BACK FROM YOU ON
THIS MATTER. ANY QUESTIONS PLEASE
FEEL FREE TO CONTACT ME AT

RAINBOW SHIRTS INC

GAIL SOLAZZO

6587 CONSTANCE ST

LAKE WORTH FL

DOCUMENT #

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33467

1-561-439-7220

Thank-You,
Gail Solazzo