

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 NOV 20 PM 1:56

DOCUMENT # P00000050098

1. Corporation Name  
 E-RAINMAKER, INC.

Principal Place of Business Mailing Address  
 C/O EAGLE BRANDS, INC. C/O EAGLE BRANDS, INC.  
~~3201 NW 72ND AVENUE~~ ~~3201 NW 72ND AVENUE~~  
 MIAMI FL 33122 MIAMI FL 33122



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
 8635 SW 119 ST

3. New Mailing Office Address, If Applicable  
 SAME

4. Date Incorporated or Qualified To Do Business in Florida  
 05/19/2000

5. FEI Number  
 65-10009515

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D / S	DE MIGUEL, CARLOS M	3201 NW 72ND AVENUE 8635 SW 119 ST	MIAMI FL 33122 33156
D / P	ORTIZ, FRANK	3201 NW 72ND AVENUE 13954 SW 107 terr	MIAMI FL 33122 33186
D	SUNIGA, DANIEL	3201 NW 72ND AVENUE	MIAMI FL 33122
D	DE LA CRUZ, CARLOS M SR	3201 NW 72ND AVENUE	MIAMI FL 33122

300004706863-7  
 -12/05/01--01085--027  
 \*\*\*758.75 \*\*\*758.75

8. Name and Address of Current Registered Agent  
 DE MIGUEL, CARLOS M.  
 MURAI WALD BIONDO & MORENO PA  
 900 INGRAHAM BUILDING 25 SE 2ND AVENUE  
 MIAMI FL 33131  
 8635 S.W. 119 ST  
 Miami, FL 33156

9. Name and Address of New Registered Agent  
 Name: CARLOS M. D. MIGUEL  
 Street Address (P.O. Box Number is Not Acceptable): 8635 SW 119 ST  
 Suite, Apt. #, Etc.:  
 City: Miami State: FL Zip Code: 33156

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: *[Signature]* Date: 11/15/01  
 REGISTERED AGENT MUST SIGN

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: *[Signature]* Date: 11/15/01 Daytime Phone #

CR2E040 (8/01)