

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000050098

1. Corporation Name

E-RAINMAKER, INC.

Principal Place of Business

C/O EAGLE BRANDS, INC.
~~3201 NW 72ND AVENUE~~
MIAMI FL 33122

Mailing Address

C/O EAGLE BRANDS, INC.
~~3201 NW 72ND AVENUE~~
MIAMI FL 33122

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

Suite, Apt. #, etc.

City & State

Miami, FL

Zip 33156

Country

Miami, DADE

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/2000

5. FEI Number

65-10009515

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 01

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 SW 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]

REGISTERED AGENT MUST SIGN

Date

11/15/01

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/01

Daytime Phone #

CR2E040 (8/01)