

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JAN -3 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

DOCUMENT # **PSP00000063423**
1. Corporation Name **Rainbow Medical Services
AND SUPPLIES, INC.**

2. Principal Office Address
12240 SW 132 ct

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL.

City & State

Zip **33186** Country **USA**

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **06/29/00**

5. FEI Number **65-1022291**
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 **Belki's Alvarez**

Street Address (P.O. Box Number is Not Acceptable)
12240 SW 132 CT.

Suite, Apt. #, Etc.

City **Miami**

State **FL** Zip Code **33186**

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

Belki's Alvarez
REGISTERED AGENT MUST SIGN

Date **01/02/02**

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
PD	Belki's Alvarez	12240 SW 132 ct	Miami, FL. 33186
VD	Alexis A. Falero	12240 SW 132ct	Miami FL. 33186
SD	Caridad A. Falero	12240 SW 132 ct	Miami FL 33186

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:

Alexis A. Falero **ALEXIS A. FALERO** 1/2/02 305969-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #