PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

REIN	FOR		HUS		Katheri Secretai rision of (ry of St	ate		NYISIOH OI	ARY OF SILECTION OF CORPORA	Mi. Tio.	
DOCUMENT # P0000094630 1. Corporation Name									OI DEC I	2 PM I2: () 2	
RAINM	AKER T	RIBU	NAL ENTE	RPRISES,	INC.							
Principal Place of Business 4601 SHERIDAN STREET SUITE 307 HOLLYWOOD FL 33201				Mailing Address 4601 SHERIDAN STREET SUITE 307 HOLLYWOOD FL 33201								
2. New Pri	ncipal Office A	If Applicable	3. New Maili	gh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 10/06/2000					
Suite, Apt. #, etc. City & State				Suite, Apt. #, etc. City & State				65 1045542 Not Applica			Applied For Not Applicable	
Zip		Count		Zip		Country		<u>L</u>	OF STATUS DESIRED		onal Fee required ficate of Status	
7. Names and Street Addresses of Each Officer and/or D Title(s) Name of Officers and/or Directors				or Director (Flo	Director (Florida nonprofit corporations must list at Street Address of E. Officer and/or Direct			1	4	City / State / Zip		
D ·	OSCEOLA, MAX B JR.				4601 SHERIDAN ST., STE. 307				HOLLYWOOD FL 33201			
								40	000473 -12/21/01 ****150.	101027-	-011 150.00	
								MIZ	120			
	8. Nam	e and A	ddress of Current	Registered Age	nt			9. Name and A	Address of New Regi	stered Agent		
CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET SUITE 1 TALLAHASSEE FL 32301						Name MAY B. OSCEOLA Streel Address (P.O. Box Number is Not Acceptable) AUO SHEPDAN ST SEE 307 Suits. Apt. #, Etc. # 307 City Holly WOOD State FL 33201						
Signature of Registered	of Agent			EGISTERED AG	ENT MUST	SIGN	th and accept the o	bligations of Secti	Date	1001	nat when filling	
this rein	statement ap	lication,	the reason for diss	olution has been	eliminated,	the corpo	rate name satisfies	the requirements	of section 607.0401 of der section 119.07(3)(or 617.0401, F.S.	, that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Rainmaker Tribal Enterprises Inc.

4601 Sherldan Street #307 Hollywood, FL 33021 954-966-2336 Office • 954-966-2331 Fax

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement of corporation

Fed ID #65-1045542

Document #P0000094630

December 7, 2001

To Whom It May Concern,

As per instructions, I am sending in all appropriate paperwork for reinstatement of our corporation as well as the \$150.00 filing fee. Also, as per instructions, I have attached the back up information showing why the paperwork for our first filing, due in September 2001, was not filed.

Please find:

- 1. Letter to Division of Corporations dated 6/01/01 requesting a temporary address change for mailing due to the fact we had not yet moved into our rented office space. Although we had rented the space and had/have in our possessiona legal and binding lease, due to construction modifications, we were unable to take occupancy and therefore requested our mail to be forwarded to a new address until further notice.
- 2. US Postal Address change dated 6/01/01 requesting a temporary address change for all mail until 12/01/01. It was the week of 12/01/01 when we received the Application For Reinstatement, and at the Sheridan Street address, not the address in which we had been recieving mail. In addition to that, we also received additional mail from the post office that

was never forwarded. The mail had been held, not forwarded, until the instructed forwarding date of 12/01/01!

I am very concerned about the dissolution notice and am anxious to be reinstated. Please contact me at the numbers above if you have any further questions.

Thank you very much in advance for your time,

Elayne Keratsis

Rainmaker Tribal Enterprises