

604000001170

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 13 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Rainbow Dreams, Inc.
P01000015298

133 Flagship Drive
133 Flagship Drive

2. Principal Office Address
133 Flagship Drive

Suite, Apt. #, etc.

City & State
Lutz, FL

Zip
33549

Country
USA

3. Mailing Office Address
133 Flagship Drive

Suite, Apt. #, etc.

City & State
Lutz, FL

Zip
33549

Country
USA

REINSTATEMENT

\$ 87.50

23-04

4. Date Incorporated or Qualified
To Do Business in Florida Feb. 8, 2001

5. FEI Number
59-3703136

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
Donna J. Olsen

Street Address (P.O. Box Number is Not Acceptable)
20916 Morgan Rd.

Suite, Apt. #, Etc.

City
Land O' Lakes

State
FL

Zip Code
34639

300037287319
05/25/04 01010 017 **22 .25

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

REGISTERED AGENT MUST SIGN

Date 5/10/04

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
P/T/S=	Donna J. Olsen	20916 Morgan Rd.	Land O' Lakes, FL 34639

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)(l), 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

DONNA J. OLSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04

Date

813-416-3836

Daytime Phone #

CR2001 (01/04)



20f2
133 Flagship Drive
Lutz, FL 33549
Phone: 813 416-3836
Fax: 813 949-2867
RainbowDreamsEmb@verizon.net
Custom Embroidery &
Screen Printing

STITCH WITH US

May 10, 2004

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32341

To Whom It May Concern:

I am filing to have the reinstatement fee waived. Rainbow Dreams, Inc. moved in September 2002 to the above address. The Annual Report was not forwarded/received at the current address. This resulted in the dissolution of the corporation. The corporate officers changed and my home address also changed over the last year. It is possible the mail just did not catch up with me during this time of change and expansion.

I went online and applied for a corporation under the same name at the advise of my accountant and paid \$87.50 (Tracking Number: 500026340095). This of course was denied but the money is still being held. Attached is a check for \$221.25. This is for 2 years dissolved at \$150.00 each year, plus Certificate of Status \$8.75 (\$308.75), less the previously paid \$87.50.

If you have any questions or concerns regarding this matter please feel free to contact me at 813-416-3836. I appreciate your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Donna J. Olsen", is written over a horizontal line.

Donna J. Olsen
President