

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 MAR -7 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100092061281
03/12/07--01002--021 **1350.00

REINSTATEMENT 03-07

CR2E081 (1/07)

| | | |
|--------------------------------------|---|---|
| CORPORATION REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|---|

DOCUMENT # P02000007033

1. Corporation Name

RAINBOW MANAGEMENT ESTATES, INC.

| | | | |
|---|---------------|---|---------------|
| 2. Principal Office Address - No P.O. Box # 1923 4TH STREET NE | | 3. Mailing Office Address 1923 4TH STREET NE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State WINTER HAVEN, FL | | City & State WINTER HAVEN, FL | |
| Zip 33881 | Country US | Zip 33881 | Country US |

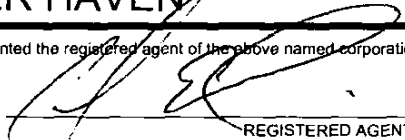
| | |
|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida | 1/22/02 |
| 5. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | | |
|---|--|-------------|-------------------|
| 7. Name and Address of Current Registered Agent | | | |
| Name CEDRIC E. LEWIS & ASSOCIATES, PA | | | |
| Street Address (P.O. Box Number is Not Acceptable) 332 3RD STREET NW | | | |
| Suite, Apt. #, Etc. | | | |
| City WINTER HAVEN | | State FL | Zip Code 33881 |

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/2/07

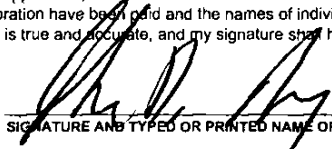
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|------------------------|
| P | GRANT D. PERRY | 1923 4TH STREET NE | WINTER HAVEN, FL 33881 |
| VP | KENDLE COLE | 1923 4TH STREET NE | WINTER HAVEN, FL 33881 |
| S/T | ERICA PERRY | 1923 4TH STREET NE | WINTER HAVEN, FL 33881 |
| | | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

3-2-07

Daytime Phone #

772-7138221

9C 3/8