

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000042977

1. Corporation Name

RZJ RAINBOW INTERNATIONAL INC.

FILED

07 DEC 14 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0507

600113150526
12/14/07--01003--031 **500.00

2. Principal Office Address - No P.O. Box #

21031 Country Creek Dr

Suite, Apt. #, etc.

3. Mailing Office Address

21031 Country Creek Dr

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33428

Country

USA

Zip

33428

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/02

5. FEI Number

01-0718495

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 ALBERT E ROSEBOOM JR

Street Address (P.O. Box Number is Not Acceptable)
21031 COUNTRY CREEK DR

Suite, Apt. #, Etc.

City & State
Boca Raton FL

State

FL

Zip Code

33428

☒ 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

Albert E Roseboom Jr

REGISTERED AGENT MUST SIGN

Date

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
CEO	ALBERT E ROSEBOOM JR	21031 Country Creek Dr	Boca Raton FL
Pres	PATRICIA D ROSEBOOM	SAME	

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

Albert E Roseboom Jr
ALBERT E ROSEBOOM JR

Date

12/6/07 9548306704

Daytime Phone #