

PLEASE READ ALL INSTRUCTIONS BEFORE COM.

APPROVED
AND
FILED

05 MAR 29 AM 10: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000098100

1. Corporation Name

RAINBOW CLAY ROOF TILES & PAVERS. CORP.

2. Principal Office Address

2112 B White Pine Cir.

3. Mailing Office Address

Po Box 6204

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenacres, Florida

City & State

West Palm Beach, Florida

Zip

33415

Country

U.S.A

Zip

33406

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/10/2002

5. FEI Number

50-0006055

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

Gonzalo Plata

Street Address (P.O. Box Number is Not Acceptable)
2112 B White Pine Cir.

Suite, Apt. #, Etc.

City

Greenacres

State

FL

Zip Code

33415

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

Gonzalo Plata
REGISTERED AGENT MUST SIGN

Date 03/22/2005

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	Gonzalo Plata	2112B White Pine Cir.	Greenacres FL 33415

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:

Gonzalo Plata
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/2005

Date

561-317-7090

Daytime Phone #

CR2E081 (01/05)