

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000098100

**FILED**  
**Mar 12, 2008**  
**Secretary of State**

**Entity Name:** RAINBOW CLAY ROOF TILES & PAVERS, CORP.

**Current Principal Place of Business:**

2112 B WHITE PINE CIR  
GREENACRES, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6204  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

2112 B WHITE PINE CIR  
GREENACRES, FL 33415

**FEI Number:** 50-0006055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PLATA, GONZALO  
2112 B WHITE PINE CIR  
GREENACRES, FL 33415 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** GONZALO PLATA

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** PLATA, GONZALO  
**Address:** 2112B WHITE PINE CIR  
**City-St-Zip:** GREENACRES, FL 33415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GONZALO PLATA

P

03/12/2008

Electronic Signature of Signing Officer or Director

Date