

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000148461 1. Entity Name RAINBOW OCEAN BENTLEY CORPORATION						FILED 05 JUL -7 PM 12:06 CLERK OF THE COURT JUDICIAL CIRCUIT IN AND FOR THE NINTH JUDICIAL CIRCUIT MIAMI, FLORIDA	
Principal Place of Business 183 SUNNY ISLES BLVD. SUNNY ISLES BCH, FL 33160				Mailing Address 183 SUNNY ISLES BLVD. SUNNY ISLES BCH, FL 33160			
2. Principal Place of Business 20515 E. COUNTRY CLUB DR. Suite, Apt. #, etc. APT. 342		3. Mailing Address 20515 E. COUNTRY CLUB DR. Suite, Apt. #, etc. APT. 342		 REINSTATEMENT			
City & State AVENTURA, FLORIDA		City & State AVENTURA, FLORIDA		4. FFI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		\$8.75 Additional Fee Required	
Zip 33180	Country USA	Zip 33180	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/>			
6. Name and Address of Current Registered Agent ROUSSO, MARK E 18851 NE 29TH AVE., SUITE 900 AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name OLGA HANSEN Street Address (P.O. Box Number is Not Acceptable) 20515 E. COUNTRY CLUB DR. APT. 342 City AVENTURA FL Zip Code 33180			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Olga Hansen</i></u> (NOTE: Registered Agent signature required when reinstating) <u><i>July 5, 2005</i></u> DATE							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DIAZ, VILMA JOSEFINA M <input type="checkbox"/> Delete 101 OCEAN DR., UNIT 704 MIAMI BCH, FL 33139			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500057664445 07/19/05--01043--004 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LABASTIDA, DELIA STELLA A <input type="checkbox"/> Delete 101 OCEAN DR., UNIT 704 MIAMI BCH, FL 33139			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500057664445 07/19/05--01043--005 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500057664445 07/19/05--01043--006 **8.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Vilma Mendora Diaz</i></u> PSD VILMA JOSEFINA MENDORA DIAZ <u><i>06/16/05</i></u> <u><i>53-416-6388466</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							