

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04449**

1. Corporation Name

RAINBOW TRAVEL TOURS, INC.

Principal Place of Business

9846 STRINGFELLOW RD
ST. JAMES CITY FL 33956

Mailing Address

9846 STRINGFELLOW RD
ST. JAMES CITY FL 33956

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1984

5.-FEI Number

59-2454301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	MILLER, ROBERT F <i>Deceased</i>	2525 E. 1ST ST, #219	FT MYERS FL 33901
PTD	Teresa Lioce <i>Personal Rep</i>	5400 Pelican Blvd	Cape Coral FL 33914

8. Name and Address of Current Registered Agent

MILLER, ROBERT F
9706 STRINGFELLOW ROAD, A-3
ST. JAMES CITY FL 33956

9. Name and Address of New Registered Agent

Name

Teresa A. Lioce

Street Address (P.O. Box Number is Not Acceptable)

5400 Pelican Blvd

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/11/01

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

**941
283-2114**

FILED
01 OCT 15 PM 6:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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