# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Dec 15, 2009**
**Secretary of State**

DOCUMENT# P05000040687

**Entity Name:** RAINMAKER ASSOCIATED PARTNERS, INC.

**Current Principal Place of Business:**

10332 TECOMA DR.
TRINITY, FL 34655 US

**New Principal Place of Business:**

10421 FENCELINE ROAD
TRINITY, FL 34655 US

**Current Mailing Address:**

10332 TECOMA DR.
TRINITY, FL 34655 US

**New Mailing Address:**

10421 FENCELINE ROAD
TRINITY, FL 34655 US

**FEI Number: 20-2511893** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WALKER, GARY
202 S. ROME AVE.
SUITE 100
TAMPA, FL 33606 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: GARY WALKER

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MR. ( ) Delete
Name: MULFINGER, JOHN P
Address: 10332 TECOMA DR
City-St-Zip: TRINITY, FL 34655 US

Title: MS. (X) Delete
Name: GREENBERG, CELESTE A
Address: 10332 TECOMA DR
City-St-Zip: TRINITY, FL 34655 US

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

Title: MR. (X) Change ( ) Addition
Name: MULFINGER, JOHN P
Address: 10421 FENCELINE ROAD
City-St-Zip: TRINITY, FL 34655 US

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: JOHN P. MULFINGER MR. 12/15/2009

Electronic Signature of Signing Officer or Director Date