## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000081185

Entity Name: HEAVENS RAINBOW INC.

FILED Feb 20, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

194-99 NE 10TH AVE 1831 SW 179TH AVE MIAMI, FL 33179 MIRAMAR, FL 33029

**Current Mailing Address: New Mailing Address:** 

194-99 NE 10TH AVE 1831 SW 179TH AVE MIAMI, FL 33179 MIRAMAR, FL 33029

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

CHRISTOPHER, MURIEL L 1831 SW 179TH AVE MIRAMAR, FL 33029 US

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: MURIEL L CHRISTOPHER 02/20/2008

> 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change ( ) Addition CHRISTOPHER, MURIEL L Name: HERO, PETIT Name: 1831 SW 179TH AVE 194-99 NE 10TH AVE Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: MIRAMAR, FL 33029

( ) Delete Title: VTD Title: VTD (X) Change ( ) Addition

CHRISTOPHER, MURIEL L CHRISTOPHER, MURIEL L Name: Name: 194-99 NE 10TH AVE Address: 1831 SW 179TH AVE Address: MIAMI, FL 33179 MIRAMAR, FL 33029 City-St-Zip: 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.

Ρ SIGNATURE: MURIEL L CHRISTOPHER 02/20/2008