PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB -1 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300067455553
03/09/06--01019--009 **1000.00

REINSTATEMENT 94-06

CR2E081(4/05) Reports FEB 0 2

DOCUMENT # P93000081129

1. Corporation Name
RAINBOW ESTATES CORPORATION

2. Principal Office Address	3. Mailing Office Address
20251 SW 198 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State
Zip: 33187 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 20-4155201 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MANUEL LEANDRO GONZALEZ

300067455553
03/09/06--01019--006 **500.00

Street Address (P.O. Box Number is Not Acceptable): 20251 SW 198 AVE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33187

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Manuel L. Gonzalez (REGISTERED AGENT MUST SIGN) Date: 1.30.06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	MANUEL LEANDRO GONZALEZ	20251 SW 198 AVE	MIAMI, FLORIDA 33187

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03/09/06--01019--010 **1000.00

10. *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: Manuel L. Gonzalez President

Manuel L. Gonzalez 1.30.06 305.796.7018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #