

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085897

1. Corporation Name

RAINBOW'S END R-V CAMP, INC.

Principal Place of Business

5824 23RD STREET
ZEPHYRHILLS FL 33540

Mailing Address

5824 23RD STREET
ZEPHYRHILLS FL 33540

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

FILED
28 JUL 17 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida

12/15/1993

5. FEI Number

59-3226642

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PS	BROCKMAN, PHILIP	38752 INEZ AVENUE	ZEPHYRHILLS FL 33540
VTD	SIPPLE, JEFFREY JAMES M. McCormick JR.	5824 23RD STREET LOT 5	ZEPHYRHILLS FL 33540
			2000002596742--1 -07/23/98--01032--002 ****900.00 ****900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

BROCKMAN, PHILIP
38752 INEZ AVENUE
ZEPHYRHILLS FL 33540

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Philip Brockman, Reg Agent

REGISTERED AGENT MUST SIGN

Date

7-3-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Brockman, Pres.

(813) 782-8881
Date Daytime Phone #