

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020462

1. Corporation Name

Rainbow Bus Lines, Inc

WAL-22604

1140 N.E 163rd Street #10 N. MIAMI, FL 33162

Principal Place of Business

Mailing Address

REINSTATEMENT 95-90

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

1140 N.E 163rd Street

3. New Mailing Address, If Applicable

1140 N.E 163rd Street #10

4. Date Incorporated or Qualified To Do Business in Florida

MARCH 14, 1994

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

#10

5. FEI Number

65-0472989

City & State

N. MIAMI BEACH FLORIDA

City & State

N. MIAMI BEACH FLORIDA

Zip

33162

Country

DADE

Zip

33162

Country

DADE

CERTIFICATE OF STATUS DESIRED ☒

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<u>P</u>	<u>Michel Picard</u>	<u>1645 N.E 126th Street #2</u>	<u>N. MIAMI, FL 33181</u>

888881997416-5
-11/06/96-01031-027
***583.75 ***583.75

UBI-4-90

8. Name and Address of Current Registered Agent

Michel Picard
1645 N.E 126 Street # 2
N. MIAMI FL 33181

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 09-30-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] Michel Picard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 09-30-96

(305) 940-6982

Daytime Phone #