PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97AR

APPLICATION FOR REINSTATEMENT

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

FILED
97 NOV 13 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039657

1. Corporation Name
RAINBOW GREATER FINANCIAL CORP.

Principal Place of Business	Mailing Address
6500 W. 4 AVE #43 HIALEAH, FL 33012	6500 W. 4 AVE #43 HIALEAH, FL 33012

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 5-17-1995

5. FEI Number: 65-0612771 ☐ 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
D	NELSON, MARIELLA 3665 E. 4 AVE	HIA, FL 33011	HIALEAH, FL 33011

200002347562--5
11/14/97--01070--005
****173.75 ****173.75

8. Name and Address of Current Registered Agent

NELSON, MARIELLA
6500 W. 4 AVE
#43
HIALEAH, FL 33011

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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 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 the 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: _____ 11-12-97 305-818-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RAINBOW GREATER FINANCIAL CORP.
6500 W. 11 Ave. #2
Hialeah, FL 33012
Tel: (305) 819-4999
Fax: (305) 819-8775

TO: **Glinda Bennett**
Corporate Access Inc
(850)222 1666

DATE: 11 /12 /97

FROM: **Mary Nelson**
Rainbow Greater Financial Corp.
FED ID# 65-0612271

RE: Glinda, as per our conversation we did not receive this on time and thats why it was not paid.

I'm writing to you as a 1 time forgiveness, to please accept this to reinstate the corporation. We did not know it and we need to be reinstated.

The Forms with the money order and the check to the State went out Fed-Ex today it will arrive tomorrow. Please process it A.S.A.P. and fax to me.

Thank you for all your help, and for being so nice.

Total pages including cover sheet . If you are missing any pages please call us.