

APPLICATION  
FOR  
REINSTATEMENT



FILED  
99 OCT 27 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name RAINBOW EXPRESS INTERNATIONAL INC.

| Principal Place of Business           | Mailing Address |
|---------------------------------------|-----------------|
| 1725 EMMETT AVE.<br>SANFORD, FL 32771 | SAME            |

2 New Principal Office Address, If Applicable  
SAME AS ABOVE  
Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable  
SAME AS ABOVE  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

Country  
SEMINOLE

| Zip   | Country |
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| 10001 | USA     |
| 10002 | USA     |
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| 10098 | USA     |
| 10099 | USA     |
| 10100 | USA     |

4. Date Incorporated or Qualified To Do Business in Florida

<sup>d</sup> 4/1/96 SP

5. FEI Number  
59-3377998

|                |
|----------------|
| Applied For    |
| Not Applicable |

6. **CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required for a Certificate of Status.

[illegible]

Name ROBERT REMUS  
Street Address (P.O. Box Number is Not Acceptable)  
1725 EMMETT AVE.  
Suite, Apt. #, Etc.

City SANFORD

|                    |                          |
|--------------------|--------------------------|
| State<br><b>FL</b> | Zip Code<br><b>32771</b> |
|--------------------|--------------------------|

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/26/99

11. This corporation owes 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

10/26/99 (407) 328-3135