

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 29 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037555

1. Corporation Name

TROPICAL RAINBOW OF SOUTH FLORIDA, INC.

2. Principal Office Address - No P.O. Box #



3. Mailing Office Address

4651 SW 12TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

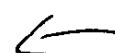
City & State

City & State

DEERFIELD BEACH, FL

Zip

Country



Zip

33442

Country

USA

REINSTATEMENT 1999-2007
CR2E081 (1/07) *Jm 11/30*

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/28/1997

5. FEI Number

65-0748857

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name CHRISTOPHER WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)
4651 SW 12TH COURT

Suite, Apt. #, Etc.

City DEERFIELD BEACH

State

FL

Zip Code

33442

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

11/28/07

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
DP	GAINDA WILLIAMS	4651 SW 12TH COURT	DEERFIELD BEACH, FL 33442
DVST	CHRISTOPHER WILLIAMS	4651 SW 12TH COURT	DEERFIELD BEACH, FL 33442

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11/29/07--01043--018 **1350.00

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 contained in Chapter 119, 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

Christopher Williams
CHRISTOPHER WILLIAMS

Date

11/28/07

Daytime Phone #

561-715-9464

STEVEN M. AUERBACHER, P.A.

ATTORNEY AT LAW

Bar Member: Florida, New York & D.C.

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Delray Beach, Florida 33445

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(561) 392-8311

SMAuerbacherPA@aol.com

November 28, 2007

Via Federal Express


Department of State
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Tropical Rainbow of South Florida, Inc. Reinstatement
Document No: P97000037555

To Whom It May Concern:

Enclosed please find a check in the amount of \$1,350.00, the fee for reinstatement for the above referenced corporation, along with the respective form. Please also be advised that this corporation did not receive their Annual Reports from the State, and therefore was unaware of their status and the requirement to report same. Therefore, please waive the \$600.00 reinstatement fee and reinstate this corporation accordingly.

Very truly yours,


Steven M. Auerbacher
Attorney at Law

SMA/lh
Encls.

cc: Christopher Williams, Tropical Rainbow of South Florida, Inc.