

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000090237**

1. Corporation Name

RAINBOW TEXTILE PROCESSING, INC.

Principal Place of Business

5100 NW 165TH ST
MIAMI FL 33014
US

Mailing Address

1875 MCCARTER HWY
NEWARK NJ 07104
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1997

5. FEI Number

65-0790615

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 3	City / State / Zip 4
DP	SAFER, ALBERT	1875 MCCARTER HWY.	NEWARK NJ 07104
SVP	HERMANN, STEVEN	1875 MCCARTER HWY.	NEWARK NJ 07104
EVP	NEUER, PHILIP D	1875 MCCARTER HWY.	NEWARK NJ 07104
AS	SAFER, SYLVIA	1875 MCCARTER HWY.	NEWARK NJ 07104
T	HEMMING, AL	1875 MCCARTER HWY.	NEWARK NJ 07104
S	NEUER, PHILIP D	1875 MCCARTER HWY.	NEWARK NJ 07104

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Marvin Haspel

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

5100 NW 165th St.

Suite, Apt. #, Etc.

8000003463478--4

City

Miami

State

Zip

Country

11/15/00--01005--008
****75 State Zip Country
FL 33014 US

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

10-24-2000

11. 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 D. Neuer
Executive Vice President

Date

Daytime Phone #

10/20/2000 973-482-0840



REINSTATEMENT

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FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 AM 9:56

CR20040 (800)