

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000098112

00 NOV -3 PM 2:55

1. Corporation Name

RAINBOW PEDIATRICS OF SOUTH FLORIDA, P.A.

Principal Place of Business

Mailing Address

9970 CENTRAL PARK BLVD
SUITE 204
BOCA RATON FL 33428

9970 CENTRAL PARK BLVD
SUITE 204
BOCA RATON FL 33428



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

4. Date Incorporated or Qualified To Do Business in Florida

11/18/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0793072

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	OCAMPO , NORINA B OCAMPO	9970 CENTRAL PARK BLVD S STE 204	BOCA RATON FL 33428
V	JONI ALBRECHT	3389 B WOOLBRIGHT RD	BOYNTON BCH FL 33436

300003473489-8
-11/21/00--01111--007
***150.00 ***150.00

10/17/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPICER, DAVID W
222 LAKEVIEW AVENUE ESPERANTE
SUITE 600-
WEST PALM BEACH FL 33401

1240 U.S. Highway One
North Palm Beach, FL 33408

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/20/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00
Date

561 487-5437
Daytime Phone #

CR2E040 (8/00)



RAINBOW PEDIATRICS OF SOUTH FLORIDA
9970 Central Park Boulevard
Suite 204
Boca Raton, FL 33428 (561) 487-5437

October 17, 2000

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

CERTIFIED MAIL
Return Receipt Requested

RE: DOCUMENT #P97000098112

To Whom It May Concern:

This letter is to inform the State of Florida that the corporation listed below received notification of dissolution without any prior notifications to renew corporate status.

Rainbow Pediatrics of South Florida
Taxpayer ID # 650793072

I have enclosed a check in the amount of \$150, the fee for a profit corporation. I request that the state waive the penalty fee for reinstatement because this notice of dissolution is truly the only notice this corporation has received regarding renewal of corporate status.

For any questions, please feel free to call me at: (561) 487-5437.

Sincerely,

Ramoncito V. Ocampo
Office Manager
RVO/ft
Enclosure