


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 OCT 27 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000001696

1. Corporation Name

Rainbow Christian Daycare, INC.

2. Principal Office Address

530 NE WALDO ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

530 NE WALDO ROAD

Suite, Apt. #, etc.

City & State

Gainesville, Florida

Zip

32609

Country

ALACHUA

City & State

Gainesville, Florida

Zip

32609

Country

ALACHUA

4. Date Incorporated or Qualified
To Do Business in Florida

1/8/1998

5. FEI Number

593484081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Tanisha R. Green

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

530 NE WALDO ROAD

Suite, Apt. #, Etc.

City

Gainesville

State

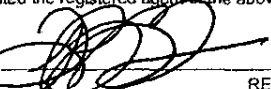
FL

Zip Code

32609

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

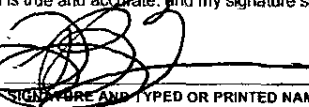
10/20/03

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
D	Tanisha R. Green	530 NE WALDO ROAD	Gainesville, FL 32641

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 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

Date

10/20/03

Daytime Phone #

CR2E081 (10/02)