


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 NOV 16 PM 4:00	
DOCUMENT # 098000091476					
1. Corporation Name RAINBOW CHILD CARE INC					
2. Principal Office Address 1425 West Orange Blossom Trail Suite, Apt. #, etc.			3. Mailing Office Address 1425 West Orange Blossom Trail Suite, Apt. #, etc.		
City & State Apopka FL		City & State Apopka FL		4. Date Incorporated or Qualified To Do Business in Florida	
Zip 32703	Country Orange	Zip FLA	Country Orange	5. FEI Number 59-3499950	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Kimberly English					
Street Address 304 Lerner Oak					
Suite, Apt. #, Etc. Apopka					
City FLA 32703				State FL	Zip Code
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 Kimberly English				Date 9/10/01	
REGISTERED AGENT MUST SIGN					
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	
President	Kimberly English	1425 West Orange Blossom Trail		Apopka FL 32703	
AD					
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: Kimberly English				Date 9/10/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CR2001 (9/00)