

41050

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

00 APR 21 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K44793

1. Corporation Name
Rainbow Plumbing of Central FL. Inc.

2. Principal Office Address
596 Wistar CT

Suite, Apt. #, etc.

City & State
NE Palm Bay

Zip Country

32907 Brevard

3. Mailing Office Address
596 Wistar CT

Suite, Apt. #, etc.

City & State
NE Palm Bay FL

Zip Country

32907 Brevard

REINSTATEMENT 9810

4. Date Incorporated or Qualified To Do Business in Florida 1988

5. FEI Number 650085257 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: CAROLYN J. MARTINEZ
Street Address (P.O. Box Number is Not Acceptable): 596 Wistar CT
Suite, Apt. #, Etc.:
City: NE Palm Bay, FL
State: FL Zip Code: 32907
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***1050.00 ***1050.00

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: Carolyn J. Martinez
Date: 4/18/00
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
Pres.	Theodore F. PALumbo	596 Wistar Ct.	NE Palm Bay FL 32907
Treas.	"	"	"
V.P.	CAROLYN J. MARTINEZ	596 Wistar CT.	NE Palm Bay FL
Sec.	"	"	"

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*****8.75 *****8.75

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)(f), 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: Carolyn J. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/18/00
Daytime Phone #: 321-984-3044

CR2E081 (9/99)