

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -5 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

J00168

1. Corporation Name

RAYSON & COMPANY, INC.

Principal Place of Business

Mailing Address

3404 Monteen Drive
Orlando, Florida
32806

3404 Monteen Drive
Orlando, Florida
32806

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

2/19/86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2737779

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	RAY, ROBERT L.	3404 Monteen Drive	Orlando, Florida 32806
VP	RAY, TODD MITCHELL	3404 Monteen Drive	Orlando, Florida 32806

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-01/12/01--01006--016

***1350.00 ***1350.00

REINSTATEMENT 97-00
TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAM L. MIMS, JR.
320 NORTH MAGNOLIA AVENUE
SUITE A-9
ORLANDO, FLORIDA 32801

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 May 6, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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] Robert L. Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/4/2001

407
851-5727
Daytime Phone #

CR2E04 (1/98)