


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1482

APPROVED AND FILED

01 SEP 17 PM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P98000105319					
1. Corporation Name RAYS SERVICES OF SOUTH FLORIDA, INC.					
2. Principal Office Address 3975 NW 105 Ave Suite, Apt. #, etc.		3. Mailing Office Address 3975 NW 105 Ave Suite, Apt. #, etc.			
City & State Coral Springs, FL		City & State Coral Springs, FL			
Zip 33065	Country USA	Zip 33065	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 1/1/99		5. FEI Number 65-1008950			
		<table border="1"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
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: ROBERT F MAHONEY

Street Address (P.O. Box Number is Not Acceptable): 3801 N Federal Hwy

Suite, Apt. #, Etc.: 300004596973--7

City: Pompano Beach

State: FL Zip Code: 33064

Phone: -09/18/01--01045--008
***150.00 ***150.00

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: *[Signature]* Date: 8/11/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Ray Malin	3975 NW 105 Ave	Coral Springs, FL 33065

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: *[Signature]* / Ray Malin 8/11/01 Date: 8/11/01 Daytime Phone #: 352-980-5758

CR2001 (8/00)

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Rays Services of South Florida, Inc.
3975 NW 105 Avenue
Coral Springs, FL 33065

August 12, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Rays Services of South Florida, Inc
P98000105319

Dear Sirs:

Enclosed is the Reinstatement Application for the above noted organization. Please be advised that we did not receive the Annual Report/Uniform Business Report. Also enclosed is a check in the amount of \$150 for reinstatement.

Thank you.

Very truly yours,



Ray Malin
President