

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 28 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 185013

1. Corporation Name

SUN-RAY DEVELOPMENT CO

Principal Place of Business

328 HIGH STREET
PO BOX 27
BRISTOL RI 02809

Mailing Address

328 HIGH STREET
PO BOX 27
BRISTOL RI 02809

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1955

5. FEI Number

59-0825099

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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 3	City / State / Zip 4
PVST	DELEO, RAYMOND	2 HIGH ST.	BRISTOL RI 02809

800003089688--2
-01/06/00--01002--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CIUMMO, NANCY

915 N. 17TH COURT 212 Ash Avenue
HOLLYWOOD FL 33020 Melbourne Beach, FL 32951

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 of Nancy Ciummo
REGISTERED AGENT MUST SIGN

Date 12/23/99

LS

11. 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 of Raymond DeLeo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond DeLeo, President

12/24/99

Date

401-253-8040

Daytime Phone #