

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 4:12

DOCUMENT # **185013**

1. Corporation Name

SUN-RAY DEVELOPMENT CO

Principal Place of Business

Mailing Address

328 HIGH STREET
PO BOX 27
BRISTOL RI 02809

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1955

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0825099

Applied For

City & State

City & State

Not Applicable

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

4000003533664--9
-01/11/01--01101--022
***750.00 ***750.00

Handwritten signature and date 12/22/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CIUMMO, NANCY
212 ASH AVENUE
MELBOURNE BEACH FL 32951

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

Handwritten signature of Nancy Ciумmo
REGISTERED AGENT MUST SIGN

Date

12/22/00

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:

Handwritten signature of Raymond DeLeo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/00

Date

401-258-5700

Daytime Phone #

CR2E040 (8/00)