

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **544762**

1. Corporation Name

**RAY'S CARS & TRUCKS, INC.**

**REINSTATEMENT** 02-04



Principal Place of Business

1891 W. FAIRBANKS  
WINTER PARK, FL 32789

Mailing Address

~~1891 W. FAIRBANKS~~  
~~WINTER PARK FL 32789~~  
26242 SACKAMAYON DR.  
MOUNT PLYMOUTH FL 32704

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

000027374270  
01/22/04--01007--001 \*\*900.00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/08/1977

5. FEI Number

59-1769597

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RAY, FRANKLIN D.	RT. 2 BOX 176	ORLANDO FL
S	RAY, TERESA A.	RT. 2 BOX 176	ORLANDO FL
D	RAY, TERESA A.	RT. 2 BOX 176	ORLANDO FL
D	RAY, DEWAYNE	RT. 2 BOX 176	ORLANDO FL

000027374270  
02/05/04--01060--021 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATTERS, GEORGE D.  
1111 E. HIGHWAY #436  
ALTAMONTE SPRINGS FL 32701

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. or 617.0505, F.S.

Signature of Registered Agent

*George D. Watters*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

1/10/04

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:

*George D. Watters*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/04

Daytime Phone #

352-383-0025

CPRE040 (8/02)