

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 OCT 25 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100008595521  
10/25/02--01076--001 \*\*150.00

DOCUMENT # F01000005236

1. Corporation Name

PANARAY, INC.

Principal Place of Business

840 JUPITER PARK DRIVE - Suite 102  
JUPITER FL 33458

Mailing Address

840 JUPITER PARK DRIVE - Suite 102  
JUPITER FL 33458

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

2. New Principal Office Address, If Applicable

840 Jupiter Park Drive

Suite, Apt. #, etc.

Suite 102

City & State

Jupiter, FL

Zip

33458

Country

US

3. New Mailing Office Address, If Applicable

840 Jupiter Park Dr.

Suite, Apt. #, etc.

102

City & State

Jupiter, FL

Zip

33458

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/12/2001

5. FEI Number

65-1131784

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SCREEN, ROBERT C	49 EDGEHILL ROAD	STOW MA 01775
S	MCCANN, LORRAINE	278 NASHUA ROAD	BILLERICA MA 01821
VD	DICKENSON, KEVIN	1209 MAINSAIL CIRCLE	JUPITER FL 33477
VD	MURRAY, MICHAEL W	4171 SW EGRET POND TERRACE	PALM CITY FL 34990
CD	CHLECK, DAVID	170 SPYGLASS LANE	JUPITER FL 33477
D	NICHOLSON, THOMAS C	7 TAYLOR CIRCLE	WHITMAN MA 02382

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10-28-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

861-741-8802

CR2E040 (8/02)

PanaRay Inc.  
840 Jupiter Park Drive  
Suite 102  
Jupiter, FL 33458

October 23, 2002

Division of Corporations  
Annual Report / Reinstatement Section  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Mr. Smith:

Please find enclosed an Application for Reinstatement and a check for \$150.00. It appears that the suite number for PanaRay was missing from our mailing address and the Uniform Business Report (UBR) reports were mistakenly delivered to a different suite in our building. The mailing address correction has been noted on the enclosed form.

As a director and officer of PanaRay, I would like to request that PanaRay be reinstated without penalty.

If you have any questions, feel free to call.

Thank you,

A handwritten signature in black ink, appearing to be 'Kevin Dickenson', written over a horizontal line.

Kevin Dickenson  
As Director of PanaRay Inc.