


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F93000003354**

1. Corporation Name

**SUN RAY ASSOCIATES, INC.**

Principal Place of Business

3460 FAIRLANE FARMS RD #5  
WELLINGTON FL 33414  
US

Mailing Address

3460 FAIRLANE FARMS RD #5  
WELLINGTON FL 33414  
US

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

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

07/21/1993

5. FEI Number

31-1379528

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	HARVIE, KAREN E	3460 FAIRLANE FARMS RD # 5	WELLINGTON FL 33414
VCVP	KLANN, JOYELLE E	264 EAST 20TH STREET 975 Pennwood Lane	IDAHO FALLS ID 83404 Boling Brook, IL 60440
ST	HARVIE, JODI L	3460 FAIRLANE FARMS RD STE 5	WELLINGTON FL 33414
<b>REINSTATEMENT</b> 985 <b>B</b> 12/11/98 4000002711554-3 -12/14/98-01098-015 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

HARVIE, KAREN E  
3460 FAIRLANE FARMS RD STE 5  
WELLINGTON FL 33414

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 REQUIRED**

Date 12/8/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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  
KAREN E. HARVIE

12/8/98 (561) 753-6261  
Date Daytime Phone #

CR2040 (9/98)