


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K09771 1. Entity Name SARAY, INC.	
--	---

FILED

05 FEB 22 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % H. RAY BADEN 301 99TH ST., N.W. BRADENTON, FL 34209-9760	Mailing Address % H. RAY BADEN 301 99TH ST., N.W. BRADENTON, FL 34209-9760
--	--

2. Principal Place of Business 38820 Taylor Road Suite, Apt. #, etc.	3. Mailing Address 38820 Taylor Road Suite, Apt. #, etc.
---	---

City & State Myakka City, FL	City & State Myakka City, FL		
Zip 34251	Country USA	Zip 34251	Country USA



REINSTATEMENT

02/2005 REINSTATEMENT CR 2E 09876704 04-05 Wao

6. Name and Address of Current Registered Agent BADEN, H. RAY 38820 TAYLOR RD MYAKKA CITY, FL 34251		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADEN, H. RAY	NAME	38820 Taylor Road
STREET ADDRESS	301 99TH ST., N.W.	STREET ADDRESS	Myakka City, FL 34251
CITY-ST-ZIP	BRADENTON, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

800047591328

03/02/05--01056--009 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *H. Ray Baden* _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR