


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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2006 AUG 14 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** *m48158*

**1. Corporation Name**  
Carol L. Bray Enterprises Inc.  
The Blue Jay LOunge  
702 S.W. 15 Street  
Pompano Beach, FL. 33060-8639

<b>2. Principal Office Address</b> 702 S.W. 15th Street Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 702 S.W. 15th Street Suite, Apt. #, etc.	
City & State Pompano Beach, FL.		City & State Pompano Beach, FL.	
Zip 33060	Country U.S.A.	Zip 33060	Country U.S.A.

CR2E081 (12/05)

**4. Date Incorporated or Qualified To Do Business in Florida** 3/12/87

<b>5. FEI Number</b> 59-2786984	Applied For
	Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name: Carol L. Bray

Street Address (P.O. Box Number is Not Acceptable): 1711 S.W. 2nd Avenue

Suite, Apt. #, Etc.

City: Pompano Beach

State: FL Zip Code: 33060

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of Registered Agent *Carol L. Bray* REGISTERED AGENT MUST SIGN Date *8-10-06*

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Carol L. Bray	1711 S.W. 2nd Avenue	Pompano Beach, FL. 33060

*B 8/16/04*

**REINSTATEMENT 03-04**

700078883437  
08/18/06--01040--022 \*\*600.00

**10. 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 contained in Chapter 119, 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:** *Carol L. Bray* CAROL L. BRAY *8-10-06* 954 9414616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

page with

Carol L. Bray Enterprises, Inc.  
The Blue Jay Lounge  
702 S. W. 15<sup>th</sup> Street  
Pompano Beach, FL 33060-8639

August 9, 2006

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

I am respectfully asking for an abatement of the reinstatement fee for my Corporation.

I depended upon my former attorney to file these Annual Reports for me. She failed to inform me that she was not filing the report. I also do not recall ever receiving either the Annual Report forms or notification that the Corporation had been dissolved. Had I received the Notice of Dissolution, I would have either called my CPA or taken care of the matter myself.

Please accept my check for the filing fees for years 2003 through 2006 which is enclosed here.

I appreciate your attention and consideration in this matter.

Yours very truly,

Carol L. Bray