


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 OCT 21 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO2000006490

1. Corporation Name
Virginia's Ray of Light Foundation, Inc.

2. Principal Office Address 5719 South Flagler Drive Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State	
Zip 33405	Country USA	Zip	Country

100023962641
10/21/03--01030--015 **236.25

REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida	08/26/2002
5. FEI Number	51-0422708
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C. Wade Bowden, Esq.

Street Address (P.O. Box Number is Not Acceptable)
505 South Flagler Drive

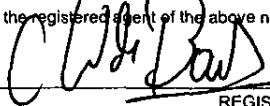
Suite, Apt. #, Etc.
Suite 1100

City
West Palm Beach

State
FL

Zip Code
33401

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.

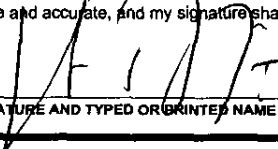
Signature of Registered Agent  Date 10/17/03

REGISTERED AGENT MUST SIGN

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
D	Virginia Sills	5719 South Flagler Drive	West Palm Beach, FL 33405
D	Steve Djamin	6039 Mullin Street	Jupiter, FL 33458
D	Judith Jennifer Sandrivan-Djamin	6039 Mullin Street	Jupiter, FL 33458

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 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:  STEVE Djamin Date 10/17/03 Daytime Phone # 561-310-4482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR as Director

CR2E081 (10/02)