## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # N0400007664								1 11 + 1 + 1		
1. Entity Name RAY OF LIGHT FOUNDATION, INC.							05	DEC 21 ATM	: 0;.	
						No.	Say	υ <del>,</del>		
Principal Plac		s		g Address			LIOTALI	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5838 SW 74TH TERR MIAMI, FL 33142 US				8 SW 74TH TERR 41, FL 33142	JS		PHA .			
Thinking to 331 to 33							14.	<b></b>		P1181 84 (MM)
Principal Place of Business     3. Mailing Address										
2. Principal P	ace of Busin	1888	3. Mailing Address						1865 1881 1881 1883 173 173 773	AIILEI ON ILEAI
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1.50550027 GE		099 (6/044	(COS WO
City & State				ty & State			4. FEI Number 20-146	06166	<del></del> -	pplied For ot Applicable
Zip Country		Zip		Соц	ıntry	5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current R				ed Agent			7. Name and Add	ress of New Registered		
REYES, RAMON A										
5838 SW 7 MIAMI, FL	74TH TER	R		Street Address			P.O. Box Number is f	Not Acceptable)		
						City		FI	L Zip Cod	е
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 L'am Keyn 12/12/ai										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating)  DATE										
FILE NOWtii FEE IS \$61.25 In accordance with s corporation did not re								Make chec Florida Depa	ck payable to	2
10.		OFFICERS AND DIS	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	J 10
TITLE	P	ZAMON A		☐ Delete	TITLE		9	وسند وسند وسند وسند و	☐ Change	☐ Addition
NAME STREET ADDRESS	REYES, RAMON A NAMI 5838 SW 74TH TERR SIRE					ET ADORESS	1275/7	1062203 501050001	¥*61.	95
CITY-ST-ZIP						-ST-ZIP	12710700 01000 001 4401.20			
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CITY-ST-ZIP	MIAMI, FL	=				-ST-ZIP				
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STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP	<u></u>				R	-ST-ZIP				
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 requiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
171										
SIGNATURE: 12/12/05' 36.595.7783										