


APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000008359

1. Corporation Name
THE GOLDEN RAY, INC.

Principal Place of Business
6104 OLD SCOTT LAKE RD.
LAKELAND FL 33813

Mailing Address
~~6104 OLD SCOTT LAKE RD.~~
~~LAKELAND FL 33813~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
01/19/2000

5. FEI Number
59-3636344

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	EDWARD A. HOGE	P.O. Box 7757 LAKELAND, FL 33807	LAKELAND, FL 33807-7757

8. Name and Address of Current Registered Agent

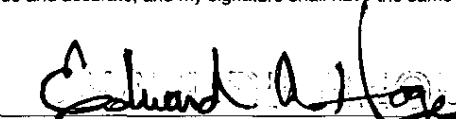
9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date
01-5-02

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
01-5-02

Daytime Phone #
863-644-202

THE GOLDEN RAY, INC.

PO BOX 7757, LAKELAND, FL 33807-7757
(863) 644-2102

January 3, 2002

Secretary of State
Attention: Reinstatement
409 E Gaines Street
Tallahassee, FL 32399

Dear Reinstatement Department:

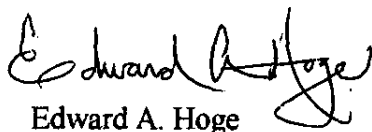
Per my previous discussion with your office in September 2001, I never received the uniform business report that was sent to me. I only received the notice of administrative dissolution or revocation.

In September I mailed in the completed form with a note indicating I had never received the uniform business report and the \$150.00 fee. My check was never cashed and your records indicated you have still not received my form. For this reason, I am expressing this information to your department directly. If you have any questions once this is received or need any additional information, please give me a call at (863) 644-2102.

I realize this form is due from January 1 to May 1 each year. Since you are receiving this information in January of 2002 (for last year). Will I need to send you another form in the next week or two for 2002 or will this form and the updated information I am providing take care of 2002. Please advise me on this as soon as possible to prevent any delays in you getting this form if needed.

Thank you for your assistance.

Sincerely,


Edward A. Hoge