



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000010133 1. Entity Name RAY SANABRIA, INC.				FILED 05 DEC 28 PM 2:03 SECRET TALLAHASSEE, FL	
Principal Place of Business 13902 N. DALE MABRY HWY SUITE 280 TAMPA, FL 33618 US		Mailing Address 13902 N. DALE MABRY HWY SUITE 280 TAMPA, FL 33618		 REINSTATEMENT 2005 101820055 REIN-P CR2E098 (6/04)	
2. Principal Place of Business 4425 Golf Club Ln		3. Mailing Address 4425 Golf Club Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33624		Country USA		4. FEI Number 59-3622893	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHECHT, NEIL S 3426 W. KENNEDY BLVD. TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 NAME SANABRIA, RAY STREET ADDRESS 4425 GOLF CLUB LANE CITY-ST-ZIP TAMPA, FL 33624			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 1.2em;"> 100064022741 01/19/06--01011--006 **150.00 </div>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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 all other like empowered.					
SIGNATURE: <u>Ray Sanabria</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10-17-05 813-784-1155 <small>Date Daytime Phone #</small>		