PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 SEP 10 PH 3: 13
DOCUMENT # 70100006454	SECRETARY OF STATE TALLAHASSFE, FLORIDA
1. Corporation Name	CELEMBON L, PLUMID
RAYKAT, INC.	
2. Principal Office Address 3. Mailing Office Address	
37/45 PledMont Kd 31/45 Pledmont Kd Suite, Apt. #, etc.	
	4. Date Incorporated or Qualified To Do Business in Florida
Pensacola Alaxida Pensacola Havida	5. FEI Number Applied For
tensacola Florida Lensacola Florida Zip Country Zip Country	593707902 Not Applicable
32503 USA 32503 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Kaymond 4. Acherman	
Street Address 12.0. Box Number is Not Acceptable) 31165 Pleamont Ra	
Suite, Apt. #, Etc.	
: tensacola	State Zip Code FL 32503
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 BEGISTERED AGENT MUST SIGN	
Signature of Registered Agent	Date 9-6-04
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 Street Address of Each Officer and/or Director (Florida honprolit corporations must list at lea Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zip
D Raymond J. Ackerman 3765 Piedmon	nt Ra Pensarola 11,32503
D tathy Ackerman 3765 Hodmont	Rd Pensacola, 3 32503
REMSTATEMENT	# N N N N N N N N N N N N N N N N N N N
ALLENATOR REPORT	
	500041059985 09/14/0401066020 **150.00
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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.	
$\left(\begin{array}{c} -1 \\ -1 \end{array} \right) 0 = 1$	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	9-6-04 850 435 8725 Date Daytime Phone #

September 5, 2004

Tyrone Scott
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE:

RAYKAT, INC.

Ref Number: Po1000006454

Dear Mr. Scott:

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Per your letter of July 7, 2004, please be advised that we received no documentation in order to submit our annual report/uniform business report for the year 2003 and therefore were erroneously administratively dissolved for failure to file the 2003 corporate annual report form. Attached you will find a completed reinstatement/annual report and the appropriate fee of \$150.00 for the year 2003 and \$150.00 for the year 2004, a total of \$300; which was discussed with our accountant, Gary Cotton and agreed upon by your department.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Raymond F. Ackerman RAYKAT, INC.

3765 Piedmont Road

Pensacola, Florida 32503

850-435-8725

Enclosures cc: Gary Cotton