

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000120539

1. Corporation Name

SANRAY, INCORPORATED

Principal Place of Business

Mailing Address

2403 STATE ST.
TAMPA FL 33509

2403 STATE ST.
TAMPA FL 33509

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/2001

5. FEI Number

01-0573549

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	AYERS, CARL R	117 W. SAINT LUCIA LOOP	APOLLO BEACH FL 33572
VD	WARE, SANDRA	117 W. SAINT LUCIA LOOP	APOLLO BEACH FL 33572

200024633372
11/13/03--01023--008 **150.00

8. Name and Address of Current Registered Agent

LAWSON, MONICA Z
2403 STATE ST.
TAMPA FL 33509

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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)(l), 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:

Sandra Ware
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 30, 03 (813)
205-1901
Date Daytime Phone #

FILED

03 NOV 14 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

CR20040 (7/03)

282

Sandra Ware

2403 State Street
Tampa Florida 33509

November 10, 2003

In reference to: **Document # P01000120539**

Corporation Name: **SANRAY, INCORPORATION**

Attention: **Glenda E. Hood**

The SANRAY CORPORATION received your letter of October 30, 2003 regarding the application for reinstatement. Until this document arrived the corporation was not aware of the need of an update of its documents. Being new to the process, we were ignorant of the process.

After reading your letter, we realized we had not received the prior notice for renewal. At that time, our mail was being picked up by friends, while we were on the road; and unfortunately they had a house fire and all our mail was destroyed.

The address of our friends was:

David Campbell
484 Florida Circle North
Apollo Beach, Florida.

The corporation would not have intentionally missed the application deadline.

I am inclosing a check for \$150.00, the initial fee; with the hope that we will be forgiven for the delay.

Thank you in advance.

Sincerely,

Sandra Ware

Sandra Ware, of SANRAY CORPORATION