

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 122

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Ayaray Enterprises

PRO 2000029273

4401 AKITA DRIVE
4401 AKITA DRIVE

2. Principal Office Address
4401 AKITA DRIVE

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33624

Country
USA

3. Mailing Office Address
4401 AKITA DRIVE

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33624

Country
USA

REINSTATEMENT

03-94

4. Date Incorporated or Qualified
To Do Business in Florida 03/11/02

5. FEI Number
03-0400316

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8/9/04 01004 001 \$150.00

7. Name and Address of Current Registered Agent

Name
FALCONERY CASTRO

Street Address (P.O. Box Number is Not Acceptable)
4401 AKITA DRIVE

Suite, Apt. #, Etc.

City
TAMPA, FL

State
FL

Zip Code
33624

200040952872
09/10/04--01052--013 ***150.00

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

Falconery Castro

REGISTERED AGENT MUST SIGN

Date 08/31/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RIVERA, GLORIA	4401 AKITA DRIVE	TAMPA, FL 33624
TD	ARIAS, EDWIN	4401 AKITA DRIVE	TAMPA, FL 33624
SD	CASTRO, FALCONERY	4401 AKITA DRIVE	TAMPA, FL 33624
TD	ESPINOSA, RODRIGO	4401 AKITA DRIVE	TAMPA, FL 33624

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.

SIGNATURE:

Falconery Castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/04

Date

813-235-3545

Daytime Phone #

CR2E081 (01/04)

PS 272

AYARAY ENTERPRISES, INC.
4401 Akita Drive
Tampa, FL 33624

September 4, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

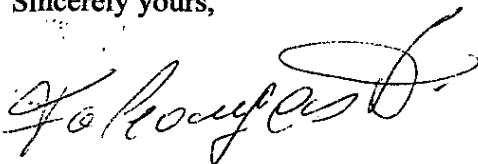
To Whom It May Concern:

Please find enclosed an application for reinstatement for AYARAY Enterprises, Inc. As none of the officers on the aforementioned form received notification of dissolution, I am requesting that the reinstatement fee be waived per my conversation with one of your customer service representatives. You have already received \$300.00 for reinstatement.

If you have any questions or need further clarification, please feel free to contact me at (813) 265-4601 or (813) 235-3545.

Thank you for your prompt assistance in this matter.

Sincerely yours,



Falconery Castro
Ayaray Enterprises
Secretary/Registered Agent