

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 13 AM 8:00

DOCUMENT # P02000035334

1. Corporation Name

RAY'S DELIVERY LOGISTICS, INC.

900041005759
09/13/04--01050--005 **308.75

2. Principal Office Address

143 KILLINGTON WAY

Suite, Apt. #, etc.

3. Mailing Office Address

143 KILLINGTON WAY

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32835

Country

USA

Zip

32835

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/2002

5. FEI Number

01-0655266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ABDOOL RAYMOND GHANI

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

143 KILLINGTON WAY

Suite, Apt. #, Etc.

City

ORLANDO FL

State

FL

Zip Code

32835

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

[Signature]

Date 09-09-2004

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 Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|------------|--------------------------------------|---|-------------------------|
| <u>PD</u> | <u>ABDOOL R. GHANI</u> | <u>143 KILLINGTON WAY</u> | <u>ORLANDO FL 32835</u> |
| <u>ADM</u> | <u>NAFEZA GHANI</u> | <u>143 KILLINGTON WAY</u> | <u>ORLANDO FL 32835</u> |
| | | | |
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/2004 (407) 383-9037

Date

Daytime Phone #

CR2001 (01/04)

292

September 09, 200

RAY'S DELIVERY LOGISTICS INC.
143 KILLINGTON WAY
ORLANDO, FL 32835

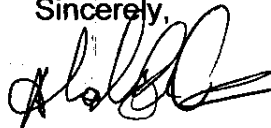
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

RE: REINSTATEMENT

TO WHOM IT MAY CONCERN:

I, Abdool Ghani, President of the above company is filing for reinstatement of said company. Unfortunately, I did not receive any prior notices of the UBR forms. I am writing this letter asking for a waiver for the reinstatement of my company. I have enclosed a completed application and the appropriate filing fees along with this letter. I hope I have completed all the necessary requirements for reinstatement of my company. Thank you, in advance for your assistance and corporation.

Sincerely,



ABDOOL R. GHANI
PRESIDENT