

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 25, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P04000113958

1. Corporation Name

RAYS HEAVY EQUIPMENT SERVICES INC.

2. Principal Office Address

2216 NW 15 AVE #1

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33311

Country

U.S.A

3. Mailing Office Address

2216 NW 15 AVE #1

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33311

Country

U.S.A

REINSTATEMENT
CR2E081 (8/05)

05-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☒ Applied For
☐ Not Applicable

6.

7. Name and Address of Current Registered Agent

Name

STEVEN B RAY

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

2216 NW 15 AVE #1

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State
FL

Zip Code

33311

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

x

Date **09/21/2006**

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
D	STEVEN B RAY	2216 NW 15 AVE #1	FT LAUDERDALE FL 33311

500090225955
09/27/06--01052--021 **300.00

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:

x STEVEN B RAY 09/21/2006

954 605 5277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/21

Page 252

DATE: 09-21-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: RAYS HEAVY EQUIPMENT SERVICES INC.
STEVEN B RAY

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTLY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 954 605 5277

THANKS,



RAYS HEAVY EQUIPMENT SERVICES INC.
STEVEN B RAY