

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED *182*

07 JAN 12 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P04000114389*

1. Corporation Name

DO RAY GROUP INC

REINSTATEMENT

2. Principal Office Address

815 W 69 PLACE

Suite, Apt. #, etc.

—

3. Mailing Office Address

815 W 69 PLACE

Suite, Apt. #, etc.

—

City & State

HIACLEAH FLORIDA

City & State

HIACLEAH FLORIDA

Zip

33014

Country

USA

Zip

33014

Country

USA

0507

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

08-05-2004

5. FEI Number

20-8137441

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

RAYSI LI

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

815 W 69 PLACE

Suite, Apt. #, Etc.

City

HIACLEAH

State

FL

Zip Code

33014

700086163827
01/25/07--01005--006 **490.00

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

Date *1-2-2007*

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 |
|-------------|-----------------------------------|--|--------------------------|
| <i>P/HS</i> | <i>RAYSI LI</i> | <i>815 W 69 PLACE</i> | <i>HIACLEAH FL 33014</i> |
| | | | |
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| | | | |
| | | | |
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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 contained in Chapter 119, 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:

RAYSI LI

1-2-2007 (305)322-4835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

• • • DO RAY GROUP, INC.
815 WEST 69 PLACE
HIALEAH, FL 33014
(305) 322-4835

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

RE: Corporation Reinstatement
Do Ray Group, Inc.
DOC#: P04000114389

To Whom It May Concern:

It was just brought to my attention that the above mentioned Corporation was dissolved for not filing the annual reports.

I never received the original reports²⁰⁰⁵ from your office. As you can see on the attached reinstatement report our address has change.


Enclosed please find check for \$ 450.00 to cover the fees for the years 2005, 2006 and 2007.

I will greatly appreciate if the late filing fee is abated.

Please update my records and do not dissolve my corporation.

Thank you in advance for your prompt attention to this matter and let me know if you need additional information.

Sincerely yours,



Raysi Li, President
Do Ray Group, Inc.

January 2, 2007