

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 NOV 16 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000133566

1. Corporation Name

Rayco Auto Interiors & Accessories, Inc.

2. Principal Office Address - No P.O. Box #

3121 Central Ave

Suite, Apt. #, etc.

City & State

St Petersburg FL

Zip

33713

Country

Pinellas

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip

11

Country

11

**REINSTATEMENT**

07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/00

5. FEI Number

00-1797731

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

John L Jackson

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

3121 Central Ave

Suite, Apt. #, Etc.

City

St Petersburg FL

State

FL

Zip Code

33713

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

John L Jackson

REGISTERED AGENT MUST SIGN

Date 10/11/07

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>D</u>	<u>Jackson, John L.</u>	<u>4901 N. Armenia Avenue</u> <u>Tampa FL 33603</u>	<u>408110906994</u> <u>10/17/07-01059-014 **150.00</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L Jackson

Date

10/11/07

Daytime Phone #

2062

DEAR Sir / Madam,

I wever received a letter  
informing me about renewal, I  
was instructed by your Help Desk  
to write a letter stating this  
and it would be taken care of.  
I sent a check for the \$150<sup>00</sup>

Please Contact me if further  
Information is NEEDED.

Rayco Auto

Ryan Carnevale