

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000087061**

1. Corporation Name

**RAY WOODS, INC.**

Principal Place of Business

19215 LAZY LANE  
TAMPA FL 33614  
US

Mailing Address

19215 LAZY LANE  
TAMPA FL 33614  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1993

SP

5. FEI Number

59-3214970

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| P             | WOODS, RAY A                              | 19215 LAZY LANE  | TAMPA FL 33614          |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

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-11/07/00--01066--022  
\*\*\*\*758.50 \*\*\*\*758.50

8. Name and Address of Current Registered Agent

WOODS, RAY  
200 87TH AVE. N.  
ST PETERSBURG FL 33704

9. Name and Address of New Registered Agent

|  |                    |          |
|--|--------------------|----------|
| Name   |                    |          |
| Street Address (P.O. Box Number is Not Acceptable) |                    |          |
| Suite, Apt. #, Etc.                                |                    |          |
| City   | State<br><b>FL</b> | Zip Code |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/16/00

11. 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

Raymond A. Woods

10/16/00 (813) 931-  
Date Daytime Phone #

1201

FILED

00 OCT 19 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2F0401 (Rev. 1/99)