


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  06 SEP 20 PM 1:25  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>PA3000087061</u>					
<b>1. Corporation Name</b> <u>RAY WOODS INC.</u> <u>8511 WOODBRIDGE BLVD.</u> <u>TAMPA, FL.</u>					
<b>2. Principal Office Address</b> <u>8511 WOODBRIDGE BLVD</u> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> <u>SAME</u> <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> <u>Tampa, FL.</u>		<b>City &amp; State</b>			
<b>Zip</b> <u>33615</u>	<b>Country</b> <u>USA</u>	<b>Zip</b>	<b>Country</b>		
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>1994</u>		<b>5. FEI Number</b> <u>59-3214970</u>	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <small>\$9.75 Additional Fee required for a Certificate of Status</small>	
<b>7. Name and Address of Current Registered Agent</b>					
<b>Name</b> <u>AUDREY EPPS</u> <span style="float: right;"><u>400080251614</u> <small>09/29/16--01008--001 **335 00</small></span>					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>2927 ROGERS AVE</u>					
<b>Suite, Apt. #, Etc.</b>					
<b>City</b> <u>TAMPA</u>				<b>State</b> <u>FL</u>	<b>Zip Code</b> <u>33611</u>
<b>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.</b>					
<b>Signature of Registered Agent</b> <u>[Signature]</u> <b>REGISTERED AGENT MUST SIGN</b> <span style="float: right;"><b>Date</b> _____</span>					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>		<b>City / State / Zip</b>	
<u>P</u>	<u>Wood, Raymond A.</u>	<u>8511 WOODBRIDGE BLVD.</u>		<u>Tampa, FL 33615</u>	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>		<b>9-25-04</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

*Theris*

SEPTEMBER 22, 2006

DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

RE: RAY WOODS, INC

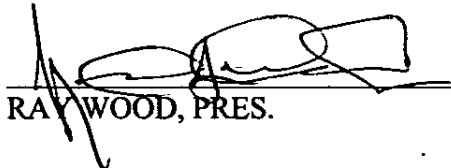
PLEASE REINSTATE THE ABOVE CORPORATION AND ABATE THE PENALTIES.

I DID NOT RECEIVE THE ANNUAL REPORTS AS BOTH MY BUSINESS AND  
RESIDENCE ADDRESSES CHANGED.

ALSO INCLOSED IS A CHANGE OF REGISTERED AGENT FOR THE CORPORATION.

ATTACHED IS A CHECK FOR \$335.00 FOR THE REINSTATEMENT AND REGISTERED  
AGENT CHANGE.

SINCERELY,



RAY WOOD, PRES.