

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045679**

1. Corporation Name

DESERT RAY, INC.

Principal Place of Business

2257 RINGLING BLVD
SARASOTA FL 34237

Mailing Address

2257 RINGLING BLVD
SARASOTA FL 34237

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

06/15/1994

5. FEI Number

65-0505463

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WARD, WILLIAM H	2257 RINGLING BLVD	SARASOTA FL 34237
D	WARD, DESIREE A	2257 RINGLING BLVD	SARASOTA FL 34237

900024164459
10/27/03--01049--005 **150.00

8. Name and Address of Current Registered Agent

WARD, DESIREE A
2257 RINGLING BLVD
SARASOTA FL 34237

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/20/03

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

Date

10/20/03

Daytime Phone #

740-549-3988

CR2E040 (7/03)

Desert Ray, Inc
2257 Ringling Blvd
Sarasota, FL 34237

October 20, 2003

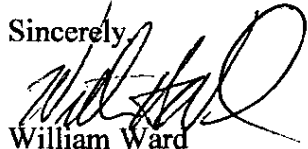
Dear Sir or Madam:

I am writing to advise you that no original application or other correspondence was received regarding the renewal of our corporate application. The revocation notification was the first correspondence received regarding this matter. I am enclosing a check for \$150.00 for the original renewal regarding:

Document #P94000045679, FEI # 65-0505463.

As always, your attention to this matter is appreciated.

Sincerely,



William Ward
Registered Agent