

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -8 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023418

1. Corporation Name

RAYE GROUP, INC.

Principal Place of Business

Mailing Address

1111 KANE CONCOURSE
SUITE 211
BAY HARBOR ISLAND FL 33154

1111 KANE CONCOURSE
SUITE 211
BAY HARBOR ISLAND FL 33154

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 1268 BISCAYA DRIVE
City & State SURFSIDE

Suite, Apt. #, etc. SAME
City & State

Zip FL 33154 Country USA

Zip Country



REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

03/23/1995

5. FEI Number

65-0568281

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MAHOMED, CASSIM	1111 KANE CONCOURSE SUITE 211	BAY HARBOR ISLAND FL 33154
P	KESAVALU, VANISHREE	1268 BISCAYA DR	SURFSIDE, FL 33154
			600003071316--2 -12/15/98--01069--030 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA P.A. DBA AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

Name VANISHREE KESAVALU
Street Address (P.O. Box Number is Not Acceptable) 1268 BISCAYA DR
Suite, Apt. #, Etc. SURFSIDE
City SURFSIDE State FL Zip Code 33154

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

V. Kesavalu

REGISTERED AGENT MUST SIGN

Date

11/10/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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:

VANISHREE, KESAVALU V. Kesavalu

Date

11/10/99

Daytime Phone #