

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 12 AM 8:43

DOCUMENT # P97000012662

1. Corporation Name

ANCESTRAL RAYS, INC.

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

1161 NW 77th AVE

Suite, Apt #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

33322

Country

US

Zip

Country

200165774372

01/12/10--01003--008 **150.00

REINSTATEMENT 2009

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0848285

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

ERNESTINE RAY

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

1161 NW 77th AVE

Suite, Apt #, Etc.

City

PLANTATION

State

FL

Zip Code

33322

☒ 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

Ernestine R. Ray
REGISTERED AGENT MUST SIGN

Date 12/10/09

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
PD	ERNESTINE RAY	1161 NW 77th AVE	PLANTATION, FL 33322

10. E-mail Address: ancestralrays@aol.com

(To be used for future annual report notification)

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. I further certify, 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: *Ernestine R. Ray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNESTINE RAY

12/10/09

Date

Daytime Phone #