

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


APPROVED
AND
FILED

05 MAY 23 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Q

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000015657

1. Corporation Name
RAY WALL ASSOCIATES.

2. Principal Office Address
24849 PARADISE RD
Suite, Apt. #, etc.

3. Mailing Office Address
same
Suite, Apt. #, etc.

City & State
BONITA SPRINGS, FL

City & State
same

Zip
34135 Country
USA

Zip
same Country
same

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida
2-14-1997

5. FEI Number 593429627
P970000 15657

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RAYMOND L. WALL

Street Address (P.O. Box Number is Not Acceptable)
24849 PARADISE RD 500055857295
Suite, Apt. #, Etc. 06/07/05-01054-009 **450 00

City
BONITA SPRINGS State
FL Zip Code
34135

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 Raymond L Wall Date 5-19-05

REGISTERED AGENT MUST SIGN

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
PRES	RAYMOND L. WALL	24849 PARADISE RD	BONITA SPRINGS FL 34135
TRES	WAYNE G. BRETT	24849 PARADISE RD	BONITA SPRINGS, FL 34135

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 under section 119.07(3)(f), 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: Raymond L Wall RAYMOND L WALL 5-19-05 239-405-0437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)