

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

06 MAY -2 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

2006 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054440

1. Corporation Name

StingRay Auto, Inc.

2. Principal Office Address

3250 N US 1

Suite, Apt. #, etc.

3. Mailing Office Address

3250 N US 1

Suite, Apt. #, etc.

City & State

Ft. Pierce Fl.

Zip

34946

Country

St. Lucie

City & State

Ft. Pierce Fl.

Zip

34946

Country

St. Lucie

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0762871

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

Deborah P Andreoli

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

3250 N US 1

Suite, Apt. #, Etc.

City

Ft. Pierce

State

FL

Zip Code

34946

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

Deborah P Andreoli

REGISTERED AGENT MUST SIGN

Date 4-28-06

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.	Deborah P. Andreoli	7902 Eden Road	Ft. Pierce Fl. 34951

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.

SIGNATURE:

Deborah P. Andreoli Deborah P Andreoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date

772-465-1465

Daytime Phone #

518aw