

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Ken Ray Inc.

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 27 PM 4:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000016083

1. Corporation Name

KENRAY INC.

2. Principal Office Address

3936 S. SEMORAN BLVD. #275

Suite, Apt. #, etc.

#275

City & State

ORLANDO FL.

Zip

32822

Country

USA

3. Mailing Office Address

3936 S. SEMORAN BLVD. #275

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 18, 1998

5. FEI Number

59-3496873

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

TIMOTHY D. PADGETT ESQ.

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

2810 REMINGTON GREEN CIRCLE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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

REGISTERED AGENT MUST SIGN

Date 11/7/00

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./ Sec.	William J. Brockett	3645 GATIN AVE.	ORLANDO, FL. 32812

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)(i), F.S. The information stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William J. Brockett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-00

Date

407-857-2975

Daytime Phone #

CR2E081 (9/99)

P98-16083 20f2



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November 7, 2000

Michelle Milligan
Florida Department of State
Division of Corporations
Reinstatements
P. O. Box 6327
Tallahassee, FL 32314

Dear Ms. Milligan or concerned:

Kenray Inc. DBA Orange Belt Distributors hasn't received any correspondence from Division of Corporations in the year 2000.

I have not received an **initial filing request, a warning of dissolution, or dissolution notice** at any time during the course of this year. I am fully aware of the importance of filing and payment of the fee and would have done so promptly had my company been notified.

Please consider my request to waive the \$600.00 Reinstatement Fee and please note my corporate address has always been; 3936 S. Semoran Blvd. #275
Orlando, FL 32822

Thank you for your attention to this matter.

Sincerely,

Jim Brockett
Orange Belt Distributors

RECEIVED
00 NOV 27 PM 3:51
DIVISION OF CORPORATION