

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 30 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000022767**

1. Corporation Name

RAY-O CORP

2. Principal Office Address

1411 SE 17 TERR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

City & State

FLORIDA

Zip

33134

Country

USA

Zip

Country

800004536988--3

-08/15/01--01096--002

*****1050.00 ***1050.00**

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/11/96

5. FEI Number

65-0823112

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

RAYMOND OBERMAN

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

1411 SE 17 TERRACE

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State
FL

Zip Code

33134

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**

X

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/12/01

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 |
|------------|--------------------------------------|---|--------------------------------------|
| P/D | RAYMOND OBERMAN | 1411 SE 17 TERRACE | 33134 DEERFIELD BEACH, FL |
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REINSTATEMENT 99-01 TO

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

RAYMOND OBERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/01

Daytime Phone #

CR2E081 (9/00)