


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1482

APPROVED  
AND  
FILED

01 SEP 17 PM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																	
<b>DOCUMENT #</b> P98000105319 <b>1. Corporation Name</b> RAYS SERVICES OF SOUTH FLORIDA, INC.																																			
<b>2. Principal Office Address</b> 3975 NW 105 Ave Suite, Apt. #, etc. City & State Coral Springs, FL Zip Country 33065 USA		<b>3. Mailing Office Address</b> 3975 NW 105 Ave Suite, Apt. #, etc. City & State Coral Springs, FL Zip Country 33065 USA																																	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1/1/99 <b>5. FEI Number</b> 65-1008950 Applied For Not Applicable <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																																	
<b>7. Name and Address of Current Registered Agent</b> Name ROBERT F MAHONEY Street Address (P.O. Box Number is Not Acceptable) 3801 N Federal Hwy Suite, Apt. #, Etc. City Pompano Beach, FL State Zip Code FL 33064																																			
<b>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.</b> Signature of Registered Agent _____ Date 8/11/01 REGISTERED AGENT MUST SIGN																																			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P, D</td> <td>Ray Malin</td> <td>3975 NW 105 Ave</td> <td>Coral Springs, FL 33065</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P, D	Ray Malin	3975 NW 105 Ave	Coral Springs, FL 33065																								
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<b>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.</b> SIGNATURE: _____ / Ray Malin 8/11/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 334-980-5758																																			

CR2001 (8/00)

282

Rays Services of South Florida, Inc.  
3975 NW 105 Avenue  
Coral Springs, FL 33065

August 12, 2001

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Rays Services of South Florida, Inc  
P98000105319

Dear Sirs:

Enclosed is the Reinstatement Application for the above noted organization. Please be advised that we did not receive the Annual Report/Uniform Business Report. Also enclosed is a check in the amount of \$150 for reinstatement.

Thank you.

Very truly yours,



Ray Malin  
President