

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 25 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050469

1. Corporation Name Ray Environmental Laboratory, Inc.

2. Principal Office Address

1616 Wildridge Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1001

Suite, Apt. #, etc.

City & State

Lynn Haven, FL

City & State

Panama City, FL

Zip

32444

Country

USA

Zip

32402

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/4/1999

5. FEI Number

593594634

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

Larry S. Wolfe

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

200-A John Knox Road

Suite, Apt. #, Etc.

City

TLH

02/25/03--01051--009 **758.75

000013091940

02/25/03--01051--009 **758.75

State
FL

Zip Code

32303

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 2/18/2003

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
PD	Debra R. Williams	1616 Wildridge Rd.	Lynn Haven, FL 32444
VD	M. Daxson Williams	1616 Wildridge Rd.	Lynn Haven, FL 32444
ST	Mallory H. Williams	1616 Wildridge Rd.	Lynn Haven, FL 32444

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:

Debra R. Williams / Debra R. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2003
Date

950/265-1906
Daytime Phone #