

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -3 AM 9:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 999 0000 82795

1. Corporation Name

Ray's Electric, Inc.

2. Principal Office Address

3927 Verona Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Zip

32405

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1999

5. FEI Number

59-3607794

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

Ravon Broughton

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

3927 Verona Circle

Suite, Apt. #, Etc.

City

Panama City

State
FL

Zip Code
32405

900029817789
03/03/04--01054--025 **1090.00

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

Ravon Broughton
REGISTERED AGENT MUST SIGN

Date

02/25/04

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	Ravon Broughton	3927 Verona Circle	Panama City, FL 32405

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:

Ravon Broughton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ravon Broughton

850/265-6312

Date

Daytime Phone #

02/25/04

CR2001 (01/04)