

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 JAN 26 PM 1:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **835999**

1. Corporation Name

WRIGHT ASSOCIATES, INC. OF GEORGIA

Principal Place of Business

Mailing Address

5031 MILGEN COURT
 COLUMBUS GA 31907-1315

P.O. BOX 7308
 COLUMBUS GA 31908

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

98-00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/22/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-0957394

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MCGUIRE, JACK W	5031 MILGEN COURT	COLUMBUS GA
SD VD	JOHNSON, G. C III	5031 MILGEN COURT	COLUMBUS GA
TD PD	SMITH, STEPHEN L	5031 MILGEN COURT	COLUMBUS GA
VD	MCGUIRE, RICHARD M	5031 MILGEN COURT	COLUMBUS GA
			700003121337 - 7 -02/02/00--01071--014 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Barbara A. Burke

BARBARA A. BURKE
 SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

1-24-00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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.

KE

SIGNATURE:

Stephen L. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 STEPHEN L. SMITH, PRESIDENT

JANUARY 20, 2000 (706) 563-9810
 Date Daytime Phone #

CR2ED40 (9/98)