

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F79388**

1. Corporation Name

GEORGE WALKER WRIGHT, JR., P.A.

Principal Place of Business

Mailing Address

111 SW 3RD ST.
THIRD FLOOR
MIAMI FL 33130

111 SW 3RD ST.
THIRD FLOOR
MIAMI FL 33130

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~66 WEST FLAGLER ST.~~
Suite, Apt. #, etc.
700

~~66 WEST FLAGLER ST.~~
Suite, Apt. #, etc.
700

City & State
MIAMI

City & State
MIAMI, FLA 33130

Zip
FLA.

Country
DADE

Zip
MIAMI

Country
DADE

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1982

5. FEI Number

59-2184110

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	WRIGHT, GEORGE W JR.	111 SW 3 ST., 3RD FLOOR 66 WEST FLAGLER ST	MIAMI FL 33130
			400002251494--3
			07/29/97--01121--002
			***915.00 ***915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WRIGHT, GEORGE W., JR
~~111 SOUTH WEST THIRD ST.~~ **66 WEST FLAGLER ST.**
THIRD FLOOR SUITE 700
MIAMI FL 33130

Name

SAME

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

REGISTERED AGENT MUST SIGN

Date

7/28/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/97

Date

305-3797811

Daytime Phone #

REINSTATEMENT **ale 97**

FILED
97 JUL 23 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (7/96)