

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 15 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97580

1. Corporation Name

Lloyd A. Wright, D.C., P.A.

2. Principal Office Address

801 W. Granada Blvd.

Suite, Apt. #, etc.

Suite 301

City & State

Ormond Beach, Fla.

Zip

32174

Country

Volusia

3. Mailing Office Address

P.O. BOX 1703

Suite, Apt. #, etc.

City & State

Ormond Beach, Fla.

Zip

32174

Country

Volusia

**4. Date Incorporated or Qualified
To Do Business in Florida**

08-31-1982

5. FEI Number

59-2124075

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

Lloyd A. Wright, D.C.

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

801 W. Granada Boulevard

Suite, Apt. #, Etc.

Suite 301

City

Ormond Beach

State

FL

Zip Code

32174

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

Lloyd A. Wright

REGISTERED AGENT MUST SIGN

Date 03-12-01

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	Lloyd A. Wright, D.C.	801 W. Granada Blvd. Suite 301	Ormond Beach, Fla. 32174

REINSTATEMENT

86-01

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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:

Lloyd A. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

386-677-6552

Daytime Phone #

CR2E081 (9/00)