

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H12715

1. Corporation Name

WRIGHT'S FEED, INC.

Principal Place of Business

2899 WISTERIA FARM ROAD  
GREEN COVE SPRINGS FL 32043

Mailing Address

2899 WISTERIA FARM ROAD  
GREEN COVE SPRINGS FL 32043

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/1984

5. FEI Number

59-2507005

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	City / State / Zip
1	2	3	4
DP	WRIGHT, SAMUEL R., SR	2899 WISTERIA FARM ROAD	GREEN COVE SPRGS FL
			700004659187--4 -10/30/01--01052--019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WRIGHT, SAMUEL R.  
2899 WISTERIA FARM ROAD  
GREEN COVE SPRINGS FL 32043

9. Name and Address of New Registered Agent

Name

SAME Samuel R. Wright

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

2899 Wisteria Farm Road

Suite, Apt. #, Etc.

City

Green Cove Springs

State

FL

Zip Code

32043

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

*Sam R. Wright*  
SIGNATURE REQUIRED

Date 10-17-01

Sam R. Wright

REGISTERED AGENT MUST SIGN

11. 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:

*Sam R. Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam R. Wright, President

10-17-01 904 2841420

Date

Daytime Phone #

CR2040 (8/01)