

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L98000000283

Name and Mailing Address

0010379 01 AT 0.292 **AUTO HB 0 0615 33825-841729



WRIGHT MANUFACTURING L.C.
2029 STATE ROAD 64 WEST
AVON PARK FL 33825-8417



1/21 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/04/1998	
Principal Place of Business 2029 STATE ROAD 64 WEST AVON PARK FL 33825	3. New Principal Place of Business Address City, State, Zip	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent WRIGHT, MICHAEL D 2029 STATE ROAD 64 WEST AVON PARK FL 33825	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 02/04/04--01052--001 **50.00 City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Michael D. Wright **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 1/14/04

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WRIGHT, MICHAEL D	2029 STATE ROAD 64 WEST	AVON PARK FL 33825
			000025819570 02/04/04--01052--001 **50.00
			000025819570 12/29/03--01058--009 **150.00

REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Michael D. Wright

Date 12/26/03 Daytime Phone # 863-453-7751

Typed or printed name of signing Managing Member/Manager