PS 1821

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -2 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-01000001014

1. Corporation Name: THE WRIGHT WAY INC.

2. Principal Office Address	3. Mailing Office Address
3143 MARLO ST.	3143 MARLO ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32209 Country: U.S	Zip: 32209 Country: U.S

4. Date Incorporated or Qualified To Do Business in Florida: 2-12-01

5. FEI Number: 59-3701666 ☑ 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: LONNIE WRIGHT, II

Street Address (P.O. Box Number is Not Acceptable): 3143 MARLO ST

000004024287D
08/17/04--01027--003 **123.00

Suite, Apt. #, Etc.:

City: JACKSONVILLE State: FL Zip Code: 32209

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: [signature] Date: 8-13-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Lonnie J Wright II	2178 West 14th St	Jacksonville FL 32209
S	Vernell E. Griffin	819 Van Buren ST	Jacksonville, FL, 32204
C	Dr. Cynthia H. Perry	503 Edgewood Ave. W.	Jacksonville, Fl 32208
T	Frances B. Mitchell	814 Cornwallis Dr.	Jacksonville, FL 32208
	REINSTATEMENT 03-04		

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: [signature] LONNIE J WRIGHT 8-13-04 (904) 355-7264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PJ 282

To whom it may Concern:

My name is Lonnie J Wright the president and director of the "Wright Way Inc"... I'm writing this letter concerning the case of not recieving a renewal of my corporation. when i called the department i was later informed that your had to renew online.

Thank you

Lonnie J Wright

8-13-04