


112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 18 PM 3:23
SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # ND1000001014

1. Corporation Name

THE WRIGHT WAY INC.

2. Principal Office Address

3143 MARLO ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32209

Country

U.S

3. Mailing Office Address

3143 MARLO ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32209

Country

U.S

Handwritten initials

REINSTATEMENT 05-06
CR2E08T (12/05) NTP

4. Date Incorporated or Qualified To Do Business in Florida

2001

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 J Wright

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

3143 MARLO ST

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

Handwritten signature of Lonnie J Wright

Date

7-7-06

REGISTERED AGENT MUST SIGN

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
CEO PRESIDENT	Lonnie Wright	3143 MARLO ST	JACKSONVILLE FL 32209
CHAIRMAN	DR. CYNTHIA PEREZ	2100 W. 45TH ST	JACKSONVILLE FL 32209
TREASURER	FRANCIS MITCHELL	2100 W 45 ST	JACKSONVILLE FL 32209

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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 contained in Chapter 119, 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:

Handwritten signature of Lonnie J Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-7-06 904876-4317

Daytime Phone #

Attachment

2/2

July 5, 2006

To Whom It May Concern:

I, Lonnie Wright II, am submitting a letter stating that I did not receive my annual report notice for the year 2005-2006. I am also enclosing a payment of \$122.50.

Thank You,

A handwritten signature in black ink, appearing to read "Lonnie Wright II", with a stylized flourish at the end.

Lonnie Wright II