

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 12 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO20000001424

1. Corporation Name

Let's Do It Right, Inc.

2. Principal Office Address

3155 Avenue H EAST

Suite, Apt. #, etc.

3. Mailing Office Address

3155 Avenue H EAST

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

Palm Beach

City & State

Riviera Beach, FL

Zip

33404

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

02/27/02

5. FEI Number

320009406

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patricia Brown

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

3155 Avenue H, East

Suite, Apt. #, Etc.

City

Riviera Beach

State

FL

Zip Code

33404

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

Patricia Brown  
REGISTERED AGENT MUST SIGN

Date

4/10/06

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	<u>Brown, Patricia</u>	<u>3155 Avenue H. East</u>	<u>Riviera Beach, FL 33404</u>
VD	<u>WALKER, RAY A.</u>	<u>3155 Avenue H. East</u>	<u>Riviera Beach, FL 33404</u>
SD	<u>Michloney, Martha</u>	<u>3501 Old Dixie Hwy #8</u>	<u>Riviera Beach, FL 33404</u>

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:

Patricia Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/06 561-541-9722  
Daytime Phone #