

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 JAN 21 PM 4: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000009881

1. Corporation Name

KATHLEEN C. WRIGHT FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #

4897 NW 67 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

4897 NW 67 AVENUE

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

Zip Country

33319

USA

City & State

LAUDERHILL, FL

Zip Country

33319

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12-26-2002

5. FEI Number

56-2362622

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

ANTHONY D. WRIGHT

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

4897 NW 67 AVENUE

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33319

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

A.D. Wright

REGISTERED AGENT MUST SIGN

Date 1-13-2009

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
D	LAUREATTE A. SCOTT	613 FAMCEE AVENUE	TALLAHASSEE, FL 32310
D	ANTHONY D. WRIGHT	4897 NW 67 AVENUE	LAUDERHILL, FL 33319
D	RONALD P. WRIGHT	851 NW 203 STREET	MIAMI GARDENS, FL 33169

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: A.D. Wright, ANTHONY D. WRIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2009

Date

754-234-6272

Daytime Phone #