

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067611

1. Corporation Name

WRIGHT AIR CONDITIONING, INC

REINSTATEMENT 03-04
600035769846

05/07/04--01078--022 **150.00

600035769846

05/07/04--01078--021 **150.00

2. Principal Office Address

231 22ND ST NE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

33999

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/12/00

5. FEI Number
651022094

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

HERITAGE TAX & CONSULTING SERVICES INC

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

11220 METRO PARKWAY

Suite, Apt. #, Etc.

3

City

FORT MYERS

State

FL

Zip Code

33912

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

Chris Wright, Pres.
REGISTERED AGENT MUST SIGN

Date 3/26/04

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	WRIGHT, CHRIS	231 22ND ST N.E	NAPLES, FL 33999

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:

CHRIS WRIGHT, PRES.
Chris Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/04

Daytime Phone #

231-353-3179

CR2E081 (01/04)

WRIGHT AIR CONDITIONING INC
231 22ND STREET N.E.
NAPLES, FL 33999
239-353-3579

March 26, 2004

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

RE: Document #P00000067611

Dear Sir,

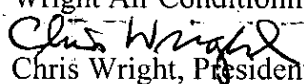
I never received the 2003 annual report form to renew my corporation.

Enclosed you will find a completed Corporation Reinstatement form as well as two remittances in the amount of \$150.00 each.

One of the checks is for the 2003 annual fee and the other for the 20004 annual fee.

Please reinstate my corporation.

Thank you.

Sincerely,
Wright Air Conditioning Inc

Chris Wright, President