

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076372

1. Corporation Name

Mark Wright Realty, Inc.

900010079719
01/14/03--01062--003 **1050.00

REINSTATEMENT 01-03

2. Principal Office Address

2378 Salem Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2378 Salem Dr.

Suite, Apt. #, etc.

City & State

Deltona, Florida

City & State

Deltona, Florida

Zip

32738

Country

U.S.A.

Zip

32738

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08-07-2000

5. FEI Number

59-3663006

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

Mark Wright

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

2378 Salem Dr.

Suite, Apt. #, Etc.

City

Deltona

State
FL

Zip Code
32738

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

Mark Wright

Date January 7, 2003

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
P/V/D	Mark Wright	2378 Salem Dr.	Deltona FL 32738

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:

Mark Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03

Date

386-574-7066

Daytime Phone #

CR2E081 (10/02)

2/11/5