

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000002434**

1. Corporation Name

WRIGHTCHOICE, INC.

Principal Place of Business

6360 W OAKLAND PARK BLVD
SUNRISE FL 33313

Mailing Address

6360 W OAKLAND PARK BLVD
SUNRISE FL 33313

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2001

5. FEI Number

65-1064330

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WRIGHT AYIESHA,	6360 W OAKLAND PARK BLVD	SUNRISE FL 33313

8. Name and Address of Current Registered Agent

WRIGHT, AYIESHA
6360 W OAKLAND PARK BLVD
SUNRISE FL 33313

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10.13.03**

11. 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.13.03

Daytime Phone #

CR2E040 (7/03)

AARON ACCOUNTING & FINANCIAL SERVICES, INC.

55 Weston Road, Suite 301, Weston, FL 33326

(954) 384-6818/Fax (954) 384-6811

November 10, 2003

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**Re: Wrightchoice, Inc. – Document No. P01000002434
Corporation Reinstatement**

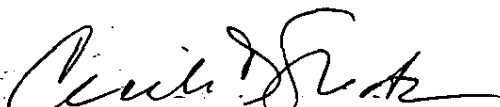
Ladies and Gentlemen:

I am writing on behalf of Ayiesha Wright, Director of Wrightchoice, Inc. with regard to the renewal of her corporation.

Ms. Wright did not receive the Uniform Business Report, because there seems to be an on going problem with the post. Ms. Wright has enclosed the Corporation Reinstatement form along with a check in the amount of \$150.00 for the UBR filing fee and kindly asks for the UBR late filing penalty to be waived.

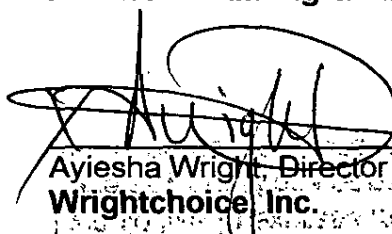
I would like to express my appreciation with regards to the above. Should you have any questions or need further assistance, please do not hesitate to contact me at the above referenced telephone number.

Sincerely,



Cecile (Cece) Shatz

Aaron Accounting & Financial Services, Inc.



Ayiesha Wright, Director
Wrightchoice Inc.