

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 -1 PM 1:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000035722**

1. Corporation Name

WRIGHT INJECTION MOLD POLISHING, INC.

Principal Place of Business

Mailing Address

~~1338 GRENLEA DR
HOLIDAY FL 34691-6759~~

~~1338 GRENLEA DR
HOLIDAY FL 34691-6759~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3720525

Not Applicable

Zip

Country

Zip

Country

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, THOMAS B	1338 GRENLEA DR	HOLIDAY FL 34691

400023957684
10/20/03 01057 025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HALE, FRED H
5650 PARK BLVD, SUITE 1
PINELLAS PARK FL 33781-3421**

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

Thomas Wright

REGISTERED AGENT MUST SIGN

Date **027 12 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)(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:

Thomas Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

027 12 03

Date

Daytime Phone #

CR20040 (7/03)

DIVISION OF CORPORATIONS:

I had no received any information of renewal prior to the document I AM sending you now. I don't know why? I had been sick with cancer, so it could have been my fault but I don't recall any other letter.

I called your office NOV 4, 03 at 10:00 AM the lady told me to write you this letter and you might reinstate me.

Thank you.

Thomas W. J. Jr.