

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-2003
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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000118632

1. Corporation Name
Wrighton's Wrighton Inc.

2. Principal Office Address <u>101 SE 2nd Pl #101</u>		3. Mailing Office Address <u>101 SE 2nd place</u>	
Suite, Apt. #, etc. <u></u>		Suite, Apt. #, etc. <u>Suite 101</u>	
City & State <u>Gainesville</u>		City & State <u>Gainesville</u>	
Zip <u>FL</u>	Country <u>32601</u>	Zip <u>FL</u>	Country <u>32601</u>

11-14-02 0101 004 \$150.00 0203

4. Date Incorporated or Qualified To Do Business in Florida
12/14/01

5. FEI Number
954893223

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Matthew Wrighton

Street Address (P.O. Box Number is Not Acceptable)
1526 NE 6th Terrace

Suite, Apt. #, Etc.

City
Gainesville FL

State
FL

Zip Code
32601

300021567813
07/15/03--01050--001 **158.75

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 [Signature] Date 6/5/03

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
Chairman	Linda Wrighton	405 SE 2nd Ave #18	Gainesville FL 32601

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: [Signature] Date 6/5/03 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

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Wrighton and Wrighton Inc.
dba Maude's Classic Cafe

101 se 2nd Place, Suite 101, Gainesville, Florida 32601
352.336.9646 javamaude@hotmail.com

June 1, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32399

To Whom It May Concern:

I spoke to Patrick on 5/27/03 and he requested that I fill out a re-instatement form and include the \$150 fee. ~~Our company has not received any correspondence from this office since we received our corporate book in Jan. 2002.~~ Please re-instate our corporation and if possible please mail me any information available explaining my responsibilities as far as annual reports and fees. I know my accountant submitted the appropriate tax forms to the Florida Department of Revenue and the IRS.

Thank you for your help.

Sincerely,



Linda Wrighton

(Please contact me if you need further information 352.336.9646)