

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT -5 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000132256

1. Corporation Name

Jim Wright Foreman Corporation

2. Principal Office Address

1613 NW 55 ST

Suite, Apt. #, etc.

3

City & State

Miami FL

Zip

33142

Country

3. Mailing Office Address

1900 Van Buren ST

Suite, Apt. #, etc.

#300

City & State

Hollywood FL

Zip

33020

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

51-0436911

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

Jimmy Lee Wright

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

1613 NW 55 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

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]

REGISTERED AGENT MUST SIGN

Date 9-13-04

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
P	Wright, Jimmy L	1613 NW 55 ST	Miami FL 33142
			000041207470 09/21/04--01034--007 **300.00
			000041207470 09/21/04--01034--008 **8.75

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-04

Date

Daytime Phone #

CR2081 (01/04)

September 13, 2004

To Whom It May Concern:

I'M writing this letter to you on behalf of Jim Wright Foreman Corporation. I Jimmy Wright did not receive the first and second notice of Reinstatement of Corporations do to change of address. Therefore i will appreciated if you will wave the six hundred dollars penalty. If you have any question please feel free to contact me at (954)448-0031 or (954)929-0079.

Thank You,

A handwritten signature in black ink, appearing to be "Jimmy Wright", written over a horizontal line.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED