

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD3000145680

1. Corporation Name

JOHN T WRIGHT CABINETS, INC.

2. Principal Office Address - No P.O. Box #

13105 BULLARD LANE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32220

Country

3. Mailing Office Address

13105 BULLARD LANE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32220

Country

7. Name and Address of Current Registered Agent

Name

JOHN T WRIGHT

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

13105 BULLARD LANE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32220

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

John T Wright

REGISTERED AGENT MUST SIGN

Date

1-25-10

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	JOHN T WRIGHT	13105 BULLARD LANE	JACKSONVILLE, FL 32220

10. E-mail Address: None

(To be used for future annual report notification)

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. I further certify, 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: *John T Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/25/2010 *904 334 238*

Daytime Phone #

FILED

10 FEB 11 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *08-10*

400167462534
01/28/10--01033--008 **150.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/2003

5. FEI Number
20-0424651

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.