

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED

Nov 03, 2008 8:00 A.M.
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000020797

1. Corporation Name

WRITE RESULT MARKETING & Communication
INC

W08-48794

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

8 Pheasant Ln

Suite, Apt. #, etc.

3. Mailing Office Address

8 Pheasant Ln

Suite, Apt. #, etc.

City & State

Ormond Beach FL

City & State

Ormond Beach FL

Zip

32174

Country

USA

Zip

32174

Country

USA

800137209848

10/23/08--01024--007 **300.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/31/2004

5. FEI Number

83-0397319

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

Kathryn Catron

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

8 Pheasant Ln

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

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

Kathryn Catron

REGISTERED AGENT MUST SIGN

Date 10/18/08

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
President	Kathy Catron	8 Pheasant Ln	Ormond Beach FL 32174
Director	Mary Crosby	1109 Briercliff Dr	Orlando FL 32806
Director	Martha Crosby	202 Estrada Ave	St. Aug FL 32095

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 contained in Chapter 119, 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:

KATHY CATRON

Kathy Catron

10/18/08

386 6727026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



8 Pheasant Lane • Ormond Beach, FL 32174 • (386) 672-7026

Oct. 18, 2008

To Whom it May Concern:

My personal banker recently called attention to the fact that my articles of incorporation had been dissolved by the State of Florida. In researching this, I discovered that I had not received the notice of dissolution from the State.

As a result, my business missed the deadline to respond. As a result of this administrative error, and as a small business, with only one full time and two part time employees, I cannot afford to pay the reinstatement fee and therefore am requesting that the reinstatement fee be waived.

I have enclosed a check for \$300 to pay the annual report and supplemental fee as directed in your filing forms. I appreciate the grant of this waiver and look forward to reinstatement of my corporation document # P04000020797, Write Result Marketing & Communication, Inc.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Catron". The signature is fluid and cursive, written over a horizontal line.

Kathy Catron
President, Write Result

386.672.7026 / 386.451.4213