

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 30 PM 8:28

**DOCUMENT # P06000005087**

1. Corporation Name

Wright Pools Inc.

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

3068 Floral Way East

Suite, Apt. #, etc.

3. Mailing Office Address

3068 Floral Way East

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32703

Country

United states

Zip

32703

Country

United States

100210531851  
07/29/11--01033--018 \*\*1200.00

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 01/10/2006

5. FEI Number

20-4108750

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

Joel Wright

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

3068 Floral Way East

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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

REGISTERED AGENT MUST SIGN

Date 07/21/2011

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	Joel Wright	3068 Floral Way East Apopka, FL 32703	Apopka, FL 32703

10. E-mail Address: joelw524@GMAIL.COM

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Joel Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/2011 321-303-7448

Date

Daytime Phone #

9130111