

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 DEC 23 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000005190**

1 Corporation Name

**WRIGHT PROPERTIES I, INC.**

Principal Place of Business

129 LINDA AVE  
PANAMA CITY FL 32401

Mailing Address

129 LINDA AVE  
PANAMA CITY FL 32401



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/13/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3363604	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	LITTLETON, JOE M	129 LINDA AVE	PANAMA CITY FL 32401

800002041118--9  
-12/30/96--01041--018  
\*\*\*375.00 \*\*\*375.00

**REINSTATEMENT** 1996  
C. Allen  
12/23/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LITTLETON, JOE M 129 LINDA AVE PANAMA CITY FL 32401		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Joe M. Littleton* **REQUIRED** Date: 11/9/96  
JOE M. LITTLETON, REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: *Joe M. Littleton* 11/9/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #