PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 APR

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

(1)

FILED
97 DEC 15 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048601

1. Corporation Name

THE WRIGHT CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2147 PALM CITY FL 34991	P.O. BOX 2147 PALM CITY FL 34991

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida 06/04/1996

5. FEI Number [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	WRIGHT, DEBRA R	2091 SW RACQUET CLUB DR.	PALM CITY FL 34990

800002375158--1
-12/17/97--01082--006
****550.00 ****550.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WRIGHT, DEBRA R 2091 SW RACQUET CLUB DR. PALM CITY FL 34990	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/97)

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 Debra R Wright (REGISTERED AGENT MUST SIGN) Date 12/10/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Debra R Wright DEBRA R. WRIGHT 12/10/97 (561) 286-2296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

THE WRIGHT CLUB

DEC. 9, 1997

DEPT OF STATE
DIV. OF CORP.
P.O. BOX 6327
TALLAHASSEE, FL. 32314

DEAR DEPT. HEAD:

ON SEPT. 1, 1997 I SENT CHECK # 1395 IN THE AMOUNT OF $550.00 TO RENEW MY CORP. STATUS. AS OF DEC. 1, 1997 MY CHECK HAS NOT CLEARED THE BANK AND I HAVE RECEIVED A NOTICE THAT YOU WILL DISSOLVE THE CORP. I HAVE ENCLOSED ANOTHER CHECK TO REPLACE THE ONE NOT RECEIVED IN HOPES YOU WILL NOT DISSOLVE THE CORP.

WE HAVE NOT STARTED TO DO ANY BUSINESS WITH THIS CORP. AND WON'T UNTIL JAN 1998. I TALKED TO A REPRESENTATIVE OF YOURS YESTERDAY AND HE TOLD ME TO WRITE THIS LETTER AND SEND A COPY OF THE FORM I SENT IN SEPT., WHICH I HAVE ENCLOSED.

P.O. Box 2147 • Palm City, Florida 34991

(3)

THE WRIGHT CLUB

I THANK YOU IN ADVANCE FOR ANY HELP YOU MAYBE ABLE TO PROVIDE.

SINCERELY

Wlehn R. Wright - Pres.

P.O. Box 2147 • Palm City, Florida 34991