PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

## P96000062027 DOCUMENT #

1. Corporation Name

## WRIGHT-IN-LINE CORPORATION

Principal Place of Business

Mailing Address

8225 HELENA DRIVE ORLANDO FL 32817

8225 HELENA DRIVE ORLANDO FL 32817

FILED 01 MAR -2 PM 2: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Daytime Phone #

If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
New Principal Office Address, If Applicable     New Mailing Office Address, If Applicable				Idress, If Applicable	Date Incorporated or Qualified			
Suite, Apt. #, etc.					To Do Business in Florida 07/24/1996			
600 North 17-9 Sule 100					5. FEI Numb		Applied For	
City & State City & State						59-3389959 Not Applicable		
Zip Couptry Zip			Commission		6. \$8.75 Additional Fee required			
Zip Couptry Zip Zip			Country		CERTIFICA	CATE OF STATUS DESIRED 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
D	WRIGHT, CHRISTINE		8225 HELENA DRIVE			ORLANDO FL 32817		
				·	0	00003828 -03/09/010 ***1050.00	1804 )1066001 ***1050.00	
				Renstat		199-01		
							18	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
				Name	Name (6)			
WRIGHT; CHRISTINE				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
8225 HELENA DRIVE				Ĺ				
ORLANDO FL 32817				Suite, Apt. #, E	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  REGISTERED AGENT MUST SIGN  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 filling 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: AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR  Date  Davime Phone #								