

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -9 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **9970000 28340**

1. Corporation Name

Jim Wright marine Construction Inc

2. Principal Office Address

1820 NW 119 ST

Suite, Apt. #, etc.

#303

City & State

miami FL

Zip

33167

Country

3. Mailing Office Address

1900 Van Buren ST

Suite, Apt. #, etc.

#302

City & State

Hollywood FL

Zip

33020

Country

REINSTATEMENT 98-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number



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

Jimmy L Wright

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

1900 Van Buren ST

Suite, Apt. #, Etc.

#302

City

Hollywood

State

FL

Zip Code

33020

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **9-01-04**

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
P	Wright, Jimmy L	1820 NW 119 TH ST #303	miami FL 33167
V P	Peterson, Diane	1820 NW 119 TH ST #303	miami FL 33167
T	Wright, Sarah	1820 NW 119 TH ST #303	miami FL 33167

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-01-04 (954) 448-0031

Date

Daytime Phone #

CR2E081 (01/04)