

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 11 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000039869**

1. Corporation Name

**WRIGHTWAY ENTERPRISES OF
NAPLES, INC.**

www.gs04

2. Principal Office Address

38301 C.R. 452

3. Mailing Office Address

38301 C.R. 452

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

LEESBURG, FL.

City & State

LEESBURG, FL.

Zip

34788

Country

U.S.A.

Zip

34788

Country

U.S.A.

REINSTATEMENT 02-04

200030806192

03/19/04 01042-000

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/05/1997

5. FEI Number

593444912

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

WARREN M. WRIGHT

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

38301 C.R. 452

Suite, Apt. #, Etc.

N/A

City

LEESBURG

State
FL

Zip Code

34788

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

Warren M. Wright

REGISTERED AGENT MUST SIGN

Date **03-10-2004**

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	WARREN M. WRIGHT	38301 C.R. 452	LEESBURG, FL. 34788

03/05/04 01065-025 \$906.75

03/11

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:

Warren M. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-2004 352-357-2497

Date

Daytime Phone #

CR2E081 (10/02)